Medical Economics

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head for you

Medical Economics, July 17, 1961

CHANCES CONGRESS WILL ACT on Kennedy's health plan this session are reviving. Senate leaders have publicly promised Jacob K. Javits (R.,N.Y.) that the Senate will take up medical care for the aged before adjourning. Privately, they've told him the plan's backers will "seriously consider amending it enough so he and other liberal Republicans can support it."

IF YOU'RE THINKING OF A NEW CAR, you'll get a better buy if you don't wait too long. Most '61 models have stopped coming off assembly lines and '62s won't be in full production till fall. By August, big discounts may be hard to find.

SELF-STARTING SELF-DISCIPLINE: Crackdowns on "problem" doctors no longer need wait for a formal complaint from a patient or colleague. A.M.A. delegates have authorized bylaw changes letting local grievance committees, state societies, or the A.M.A. itself initiate action against men who overcharge, are incompetent, do unnecessary surgery, are narcotics addicts or alcoholics, advertise unethically, etc.

HEALTH INSURERS MAY PLUG A MAJOR GAP in their programs: coverage for the unemployed. One plan, Group Health Insurance, Inc., of New York, says it could provide such coverage by

... What's ahead for you

boosting premiums 8%. It also proposes that all insurers pay into a state pool from which subscriber benefits would be paid during a depression. New York State lawmakers have promised a hearing on the plan this year.

SEEKING HIGH INCOME? You'll be able to buy into a new investment trust dealing in mortgages next month if the S.E.C. approves it. The First Mortgage Fund will split its investment between 5½% F.H.A. and V.A.-insured mortgages and development and construction loans in states where returns are running as high as 10-12%.

DON'T LOOK FOR ANY GROUP RETIREMENT PROGRAM to be offered you by the A.M.A. It can't offer a better bargain than you can buy for yourself. However, it is about to offer all members a good group disability insurance plan.

IF THE KENNEDY HEALTH PLAN PASSES, will you and your colleagues give in and ask that it cover doctors' fees as well as hospital care for the aged? A.M.A. delegates think you'll be tempted—but that you'll be able to resist. They recently predicted that "the medical profession will not be a willing party to implementing any system [of care for the aged] which it believes to be detrimental to the public welfare."

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Mr. H.V., a 61-year-old retired pharmacist with hypertensive arteriosclerotic heart disease, was hospitalized in 1957 after a myocardial infarction. Blood pressure at this time ranged from 176/100 to 184/106 mm. Hg. The patient had associated congestive failure with ankle edema and dyspnea.

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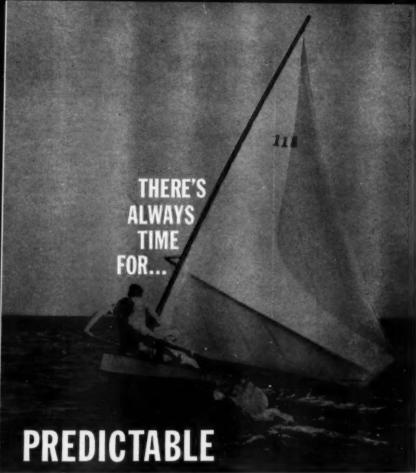
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Medical Economics

National business magazine for physicians, July 17, 1961

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Reprints of MEDICAL ECONOMICS' 1960-61 series of 15 articles on the finances of modern U.S. medical practice are now available in booklet form. The articles are packed with useful facts—drawn from a statistically valid survey—on physicians' earnings and expenses, income from health plans, collections, accounts receivable, income taxes, etc. To get your copy now, send \$2.00 to:

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Drug prices and profits



By Edward R. Annis, M.D.

"If there's one industry in this country that ought to be controlled, it's the drug industry. It's getting away with murder, if you ask me!" So spoke an irate patient in my Miami office. He'd just returned

from a trip to South America, and he was holding a small capsule in his hand. "See this pill?" he said. "It's what you prescribed for me. It cost me just 15 cents in South America. Now I'm paying 50 cents in Miami. Same product, different price—and the difference sure looks like profiteering."

The man should have known better. He did business in South America. He knew that labor costs there were just a fraction of what they are in the U.S. But perhaps he didn't know that American drugs sold abroad are nearly always manufactured abroad—at a lower cost that's reflected in the local price. So I told him.

"Well, maybe that explains the South American price," said my patient. "But what about that U.S. price? Three pills a day, 50 cents a pill—that's over \$10 a week. The manufacturer must be cleaning up!"

Actually, the manufacturer was still recouping his research and development costs. More than a million

dollars had been spent on the drug before it came on the market. The first price was up around \$5 per capsule, but that didn't last long. Competition soon drove the price down to 50 cents per capsule—and this for a life-saving drug that the man might have died without. This, too. I told him.

"You're not trying to tell me there's no profit in the drug business, are you?" my patient said. I could see he was interested and no longer irate. So I figured he was ripe for a few facts about the industry.

"I've read that profits in the drug industry average 13 per cent of sales," I said. "That's not high for a high-risk indus-



try, it seems to me. The drug companies pump \$200,000,000 a year into research without ever knowing whether it'll pay off. Most of the time, it never does, Lederle spent more than \$12 .-000,000 to develop an oral polio vaccine-and then couldn't get government approval for it. Merck spent \$25,000,000 to produce cortisone-and not until all that money was spent did it discover the full potential of cortisone. Industry-wide, out of every 100,000 research projects, fewer than fifty produce marketable drugs. All the rest produce red ink and nothing more."

"If what you say is true," said my patient, "I can see that average profits may not be out of line. But what about a drug company's profits when it comes out first with something good? That's where I still suspect profiteering."

"There's no profit at all until the company has covered its research and development costs," I said. "After that, there's usually competition. Did you know there are 1,300 drug companies and very few exclusive prod-

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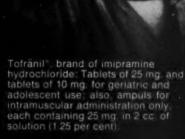
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ucts? All this competition explains why antibiotics now cost about one-fifth of what they cost a decade ago, on the average. It explains why penicillin prices are now 5 per cent of what they were right after World War II. It explains why insulin costs 6 per cent of what it cost thirty years ago; why streptomycin prices dropped 40 per cent in less than a year; why Salk vaccine prices have been cut in half.

"And with all this talk about

prices and profits, don't forget value. You're living longer because of modern drugs, and isn't that worth something to you? Chemotherapy has helped bring good health to 3,000,000 living Americans who wouldn't even be alive today if pre-war death rates still applied.

"Getting away with murder? I'd say the drug companies are doing just the opposite. And it's time more people gave them credit for it." END



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- Friedberg, C. K.: Diseases of the Heart, ed. 2, Philadelphia, W. B. Saunders Co., 1956, p. 130.

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References: 1. Garber, R. C.: J. Florida M. A. 45:549 (Nov.) 1958. 2. Lipton, M. L.: Pennsylvania M. J. 45:50 (Jan.) 1961. 3. Ayd, F. J., Jr.: Psychotropic Drugs, S. Garattini and V. Ghetti, eds., New York, Elsevier Publishing Co., 1957, p. 548. 4. McGettigan, D. L.: West. Med. 1:8 (Jan.) 1960.

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PACKAGE INFORMATION: ELASE Ointment is supplied in 10-Gm. and 30-Gm. tubes. Disposable vaginal applicators (V-Applicators) for instillation of ointment are available separately in packages of 6. ELASE is also supplied in rubber-diaphragm-capped vials of 30-cc, capacity (not for paranteral use) for reconstitution with 10 cc. of isotonic sodium chloride solution.

REFERENCES: (1) Coon, W. W.; Wolfman, E. R., Jr.; Foote, J. A., & Hodgson, P. E.: Am. J. Surg. 38:4, 1959. (2) Friedman, E. A.; Little, W. A., & Sachtleben, M. R.: Am. J. Obst. & Gynec. 79:474, 1960. (3) Margulis, R. R., & Brush, B. E.: Arch. Surg. 45:511, 1952. (4) Personal Communications to the Department of Clinical Investigation, Parke, Davis & Company, 1959.

for enzymatic debridement in a variety of exudative lesions...

ase

FIBRINGLYSIN

to provide <u>active</u> enzyme for lysis of fibrin

+

DESOXYRIBONUCLEASE
to lyse desoxyribonucleic
acid in degenerating leukocytes
and other nuclear debris

PARKE-DAVIS

AND DATES & COMPANY, David 16, Morph

when your patient fal

if fatness is the problem, the skinfold test will tell . . .

Studies emphasize that persons of "normal" body weight exhibit differences in their fatness and that body weight is an imperfect guide to body fat.2.4.5 Recently, the calibrated measurement of skinfolds has received increasing clinical attention as a method of measuring obesity - because of its simplicity, rapidity and accuracy,1,8

Measurement is made at selected sites with special constant tension calipers.3

Detailed information on the skinfold test is given in a special booklet, available to physicians on request.

the skinfold test

NEW BAMADEX SEQUELS contain the appetite-suppressant, d-amphetamine, effectively balanced with the tranquilizer, meprobamate, for sustained, effective appetite control without overstimulation of the central nervous system. One BAMADEX SEQUELS capsule suppresses appetite up to 8 hours . . . carries the patient through the critical period of compulsive eating ... helps establish a new pattern of eating less - the ultimate aim of therapy.

Each capsule contains: d-amphetamine sulfate, 15 mg.; meprobamate, 300 mg. Desage: One capsule one-half hour before breakfast. Supply: Bottles of 30. Precautions: Use with caution in patients hypersensitive to sympathomimetic compounds, who have coronary or cardiovascular disease, or who are severely hypertensive.

REDUEST COMPLETE INFORMATION ON INDICATIONS, DESAGE, PRECAUTIONS AND CONTRAINDICATIONS FROM YOUR LEBERLE REPRESENTATIVE OR WRITE TO MEDICAL ADVISORY DEPARTMENT.

References: 1. Best, W.R.: J. Lab. & Clin. Med. 43:967 (1954). 2. Brozek, J. and Keys, A.: Nutrition Abstr. & Rev. 20:247 (1950). 3. Garn, S.M. and Shamir, Z.: In Methods for Research in Human Growth, Charles C. Thomas, Springfield, III., 1958, p. 64. 4. Mayer, J.: Postgrad, Med. 25:469 (1959). 5. Tanner, J.M.: Proc. Nutrition Soc. 18:148 (1959).

(Lange Skinfold Caliper courtesy of Kentucky Research Foundation, University of Kentucky.)

LEDERLE LABORATORIES, A Division of American Cyanamid Company, Pearl River, New York

a spreading pattern of therapeutic success

A rewarding approach to the emotional and somatic manifestations of anxiety, agitation and tension. Librum therapy is now being utilized in many different areas of general practice. Approximately 3.5 million Librium-treated cases, as well as more than 70 published reports, offer testimony to this spreading pattern of therapeutic success. They corroborate observations, gained over a span of more than three vears, that Librium is pharmacologically and clinically in a class by itself.

Librium has been found of value in alleviating anxiety and tension associated with:

- emotional disturbances
- personality disorders
- cardiovascular conditions
- gastrointestinal disorders
- gynecologic disorders
 dermatologic conditions
- psychiatric disorders

LIBRIUM THE SUCCESSOR TO THE TRANQUILIZERS

LIBRIUM® Hydrochloride — 7-chloro 2-methylamino-5-phenyl-3H-1,4benzodiazepine 4-oxide hydrochloride

Consult literature and dosage information, available on request, before prescribing.



Division of Hoffmann-La Roche In-

When the family grows too fast...

... does she know that only you can help?

Many patients are unaware that their physician is the best source of contraceptive advice. Your prescription for Ortho-Gynol or Ortho-Creme with a diaphragm assures her the best available contraceptive protection. Accurate tests* for spermicidal potency, as well as years of clinical use, demonstrate that ORTHO contraceptive products are instantaneously spermicidal. The choice between Ortho-Gynol and Ortho-Creme is one of individual esthetic preference.

Ortho-Gynol

Ortho-Creme

The spermicidal potency of all ORTHO products is controlled by the Titration Test and the Sander-Cramer Test which more closely duplicate vaginal conditions during coitus than other tests.

WHENEVER A DIAPHRAGM IS INDICATED



g

C

elf.

Helps you take the misery out of menopause as hormones alone often don't do



Fast-acting Milprem directly relieves both emotional dread and estrogen deficiency

Many physicians find that estrogen therapy is not enough for the woman who is also filled with anxiety by her menopause. Her emotional dread may make her so miserable that it becomes a real clinical problem.

This is where Milprem helps you so much. It calms the woman's anxiety and tension; prevents moody ups and downs; relieves her insomnia and headache. At the same time, it checks hot flushes by replacing lost estrogens. The patient feels better than she did on estrogen therapy alone. And your counsel and your assurances can now help her make her adjustment much faster.

Composition: Miltown (meprobamate) + conjugated estrogens (equine).

Supplied: Milprem-400, each coated pink tablet contains 400 mg. Millown and 0.4 mg. conjugated estragens (equine). Milprem-200, each coated old-rose tablet contains 200 mg. Miltown and 0.4 mg. conjugated estragens (equine). Both potencies in bottles of 60.

Literature and samples on request,

Dosage: One Milprem tablet t.i.d. In 21-day courses with one-week rest periods; during the rest periods, Miltown alone can sustain the patient.

Milprem

CHP-1307

WALLACE LABORATORIES / Cranbury, N. J.



FOR SAFE EFFECTIVE TREATMENT OF PSORIASIS



Clinically tested, safe and effective RIASOL offers maximum assurance against recurrence and adverse reactions. RIASOL contains 0.45% Mercury chemically combined with soaps, 0.5% Phenol, and 0.75% Cresol. Available at pharmacies or direct in 4 and 8 fluid ounces. Write for professional sample and literature.



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for EDEMA...CYCLEX provides the prompt diuresis of HYDRODIURIL for rapid reduction of weight gain, breast fullness, abdominal congestion

to relieve the symptoms of premenstrual tension

for MOOD-CHANGES...CYCLEX supplies the effective relief of meprobamate for nervousness, irritability, tension, nausea, malaise, insomnia

for GI DISTRESS_{tot} CYCLEX affords quickacting relief of nausea and bloating associated with premenstrual tension

SUPPLIED: Tablets, bottles of 100. Each tablet contains 25 mg. of HYDRODIURIL (hydrochlorothiazide) and 200 mg. of meprobamate.

DOSAGE: Usual adult dosage is one tablet once or twice a day, beginning on the first morning of symptoms and continuing until the onset of menses. CYCLEX may be continued through the menstrual period.

Before prescribing or administering CYCLEX, the physician should consult detailed information on use accompanying package or available on request.

CYCLEX and HYDRODIURIL are trademarks of Merck & Co., Inc.



MERCK SHARP & DOHME Division of Merck & Co., Inc. West Point, Pa.

Professional briefs

Medical Economics, July 17, 1961

CHARGE FOR FILLING OUT health insurance forms? Not for the simplified ones approved by the Health Insurance Council, says the A.M.A. These should be filled in "without charge, as part of the physician's service."

THE SPLIT ON SOCIAL SECURITY between medicine's leaders and its rank and file is sharper now than ever. A.M.A. delegates voted 147 to 29 against coverage for self-employed doctors. In this magazine's latest sampling of self-employed M.D.s, 51% voted <u>for</u> coverage.

BEEN ASKED TO JOIN A JOHN BIRCH SOCIETY? Don't, warns Wisconsin's medical society. It calls the Birch society totalitarianism "with a phony respectability." That some M.D.s are members, it adds, is "a disgrace to the profession."

G.P.s GET SHORT SHRIFT at the hands of Detroit's new closed-panel plan. The Community Health Assn. provides an internist as the personal physician for adults in a family, and a pediatrician for the children.

WHAT'S A "PROBLEM" DOCTOR? Among examples turned up by the A.M.A.'s Medical Disciplinary Committee: a doctor who billed Blue Shield for

... Professional briefs

removing his child's appendix in both 1956 and 1959; one who regularly billed Blue Shield for "cauterizing" noses with a styptic pencil; and one who billed a patient for a new suit because the patient's blood had ruined his old one.

G.P.-OF-THE-YEAR AWARD has been scrapped by the A.M.A., pleasing many doctors who saw it as based on no valid criteria and therefore open to politicking. Says Dr. Burt L. Davis, president-elect of the California Academy of General Practice: "We'd do better to choose a Doctor—not just a G.P.—of the Year."

YOU'RE DOING MORE PREVENTIVE MEDICINE than ever, reports the National Diseases and Therapeutic Index. It says one out of five visits to the doctor in 1960 were strictly for prenatal care, exams, injections, and the like.

"LOCAL OPTION" ON OSTEOPATHS now has A.M.A. approval—but this doesn't mean that one county's M.D.s can decide to work with D.O.s as equals. Such decisions must be made on a state-wide basis, the A.M.A. delegates voted. California, Kansas, and Missouri will be among the first to use this option. But Philadelphia doctors—who also want to use it—can't until they can get state society approval



whatever the terminology, sneezing, nasal itch and lacrimation are well controlled with (HIM): Controlled (HIM)

Supplied as 8 or 12 mg. REPETABS, 4 mg. scored Tablets and Syrup, 2 mg./4 cc. For complete details, consult latest Schering literature, available from your Schering Representative, or Medical Services Department, Schering Corporation, Scomfield, N.J.

POLLEN ALLERGY?

Clinically Proven

in more than 750 published clinical studies and over six years of clinical use



Miltown is a known drug and a dependable friend. Its few side effects have been fully reported. There are no unpleasant surprises in store for either the patient or the physician. This is why, despite the appearance of "new and different" tranquilizers, meprobamate (Miltown) is prescribed more often than any other tranquilizer in the world.

Outstandingly Safe and Effective

- 1 simple dosage schedule relieves anxiety dependably without the unknown dangers of "new and different" drugs
- 2 does not produce ataxia, stimulate the appetite or alter sexual function
- R no cumulative effects in long-term therapy
- 4 does not produce depression, Parkinson-like symptoms, jaundice or agranulocytosis
- 5 does not muddle the mind or affect normal behavior

Miltor

Usual dosage: One or two 400 mg. tablets t.i.d. Supplied: 400 mg, scored tablets, 200 mg, sugar-coated tablets; bottles of 50. Also as MEPROTABS* - 400 mg. unmarked, coated tablets; and in sustained-release capsules as MEPROSPAN®-400 and MEPROSPAN®-200 (containing respectively 400 mg. and 200 mg. meprobamate).

*TRADE-MARK



WALLACE LABORATORIES / Cranbury, N. J.

CM-4735



Didrex doesn't perform miracles...it just helps the obese patient do it herself.

The reason is simple: persistent, significant loss of weight, up to 30 weeks in reported cases, helps to preclude the "weight plateau" that so often discourages dieters after a few weeks. Thus, time and will become your allies in changing the patient's dietary habits built over months or years of weight accumulation. Didrex may be used in closely supervised diabetic, coronary insufficient, and hypertensive patients.

BRIEF BASIC INFORMATION

Description: Didrex is the Upjohn brand of benzphetamine hydrochloride [(+)-N-benzyl-N, a-dimethylphenethylamine hydrochloride]. A sympathomimetic compound with marked anorectic action and relatively little stimulating effect on the CNS or cardiovascular system.

Indications: Control of exogenous obesity.

Contraindications: None known to date. However, use with caution in moderate or severe hypertension, thyrotoxicosis, acute coronary disease, or cardiac decompensation.

Desage: Initiate appetite control with ½ to 1 tablet (25 to 50 mg.) In mid-morning or mid-afternoon, according to the patient's eating habits for several days. Then "adjust" dosage to suit each patient's needs to a maximum of 3 tablets daily (150 mg.).

Side Effects: No effects on blood, urine, renal or hepatic functions have been noted. Minimal side effects have been observed occasionally: dry mouth, insomnia, nausea, palpitations and nervousness.

Supplied: 50 mg., benzphetamine hydrochloride, press-coated, scored tablets, bottles of 100 and 500. "Trademark – brand of benzphetamine hydrochloride, Upjohn.

References: 1. Stough, A. R.: Weight loss without diet worry: use of benzphetamine hydrochloride (Didrex). Journal of the Oklahoma State Medical Association, 33:760-767 (November) 1960. 2. Oster, H., and Mediar, R.: A clinical pharmacologic study of benzphetamine (Didrex), a new appetite suppressant. Arizona Medicine, 17:398-404 (July) 1960. 3. Simini, B., and Wallace, L.: A controlled clinical trial of benzphetamine (Didrex). Current Therapeutic Research, 2:3-3-36 (February) 1960.

Letters

Medical Economics, July 17, 1961

Pornography is healthy?

Dr. Henry Davidson's psychiatric critique of your book condensation "The Smut Peddlers" shows how we psychiatrists often contribute to a ridiculous public image. In essence, Dr. Davidson's remarks belittle obvious inconsistencies in the pro-censorship faction. equate obscenity with works of art, and imply that pornography is good because it fulfills the sexual appetite. His critique carries overtones of ridicule and levity, and he neglects such authorities as Drs. E. Preston Sharp, Arthur Noves, Fredric Wertham, and George Henry, all of whom believe that exposure to pornography can result in the "sexual acting-out" of situations observed.

We psychiatrists should be objective in our criticism, not scornful of our opponents. We're not the *only* "keepers of the flame."

-Edward G. Colbert, M.D. Santa Monica, Calif.

SIRS: My compliments to Dr. Davidson for his excellent statement on pornography. He tells us why we should believe in and support the First Amendment.

-Clement G. Martin, M.D.

SIRS: Years of teaching health and hygiene to teen-agers convince me that knowledge alone is insufficient protection for plastic minds. Dr. Davidson's remarks smack of opinion without conviction. Physical, mental, and spiritual health are not founded on rottenness.

-George A. Thompson, M.D. Clarkston, Wash.

Cutting insurance costs

SIRS: "Ten Ways to Cut Your Insurance Costs" was most helpful. I've learned that you can't depend on your insurance agent to clear up a muddled insurance situation.

-Robert S. Wren, M.D.
Ossining, N.Y.

Foreign cars

SIRS: "Buy Your Next Car Abroad?" asked a good question. Many of my colleagues have purchased foreign cars

this arthritic was in braces February 2, 1955



maintained on Meticorten for six years she now does her own housework

H. M. first had pain in her wrists in 1940. Eventually all her peripheral joints were involved. Orthopedic surgery in 1951, 1952 and 1953 failed to restore the loss of function caused by her rheumatoid arthritis. When seen in 1954 at the age of 59, she exhibited marked deformities in her peripheral joints. Treatment with gold, phenylbutazone and cortisone had to be discontinued because of marked weight gain and moon face.



On February 2, 1955, the patient was placed on METICORTEN 5 mg. t.i.d. Eventually, she was able to discard her braces and crutches and resume a completely normal way of life. In spite of her advanced anatomical changes,



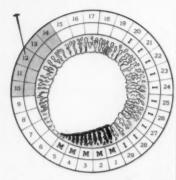
she can even use an electric mixer without discomfort.

In order to continue her improvement, she has been maintained on a dosage of 5 mg. b.i.d. In the six years since she has been on METICORTEN, the patient has had no side effects except for slight moon face and occasional purpura. As a result, she has been able to enjoy her hobbies such as crocheting and to participate in neighborhood activities.

Case history courtesy of Joel Goldman, M.D., Johnstown, Pa. These photographs of Dr. Goldman's patient were taken in her home on November 10, 1960.

METICORTEN,® brand of prednisone.

For complete details, consult latest Schering literature available from your Schering Representative or Medical Services Department, Schering Corporation, Bloomfield, N. J.



pinpoint the fertile phase the easy, accurate way....

FERTILITY TESTOR

and newly stabilized, foilwrapped FERTILITY TAPE

Indicates fertile phase accurately. Especially useful when patients can not conceive, or pregnancy must be postponed.

Glucose in mucus from cervix found during fertile phase changes tape color from pink to blue. Test is acceptable to all faiths. Color change "... usually occurs from one to three days prior to ovulation... and usually persists from one to four days after ovulation."!

- After physician's demonstration, patient can test at home;
 Indicates infrequent or irregular.
- Indicates infrequent or irregular fertile days and double ovulation; contains no tolidine, orthotolidine, benzidine or its derivatives.

 Doyle, J. B., Ewers, F. J. and Sapit, D.: The New Fertility Testing Tape, J. A. M. A. 172:1744 (April 16), 1960.



Weston Laboratories

864-A Blanchard Street, Ottawa, Illinois In Canada: Winley-Morris Co., Ltd., Montreal

West	on Laboratories, Inc.	864-A
	e send a sample and furthe ding Fertility Testor and i	
NAME		
ADDRES	S	
CITY .	STAT	

...Letters

while in Europe on medicalpleasure excursions, and I've been thinking of doing the same thing. In the face of a declining economy, our auto manufacturers are pricing themselves out of the market.

-Joseph Marx, M.D. Encino, Calif.

Eliminate the negative

SIRS: I agree with your realistic article, "We'd Better Get Ready for Federal Medicine." A.M.A. physicians should discard their negative attitude and take steps to help set up unionlike associations for collective bargaining for acceptable terms and secure participation in administration and control of such programs.

—Hans J. Sowka, M.D. Wilmington, N.Y.

Loner or grouper?

SIRS: As you say in "Will Solo Practice Give Way to Group Practice?" groups are growing rapidly. I'm one doctor who's going against the tide. I returned to solo practice after

Medical Economics, July 17, 1961

LEDERLE INTRODUCES A NEW TRANQUILIZER



TREPID

Mephenoxalone Lederle

A NEW DEVELOPMENT IN EMOTIONAL THERAPY FROM LEDERLE



HELPS THE
PATIENT
BE HIMSELF
AGAIN ...CALM,
YET FULLY
RESPONSIVE ...
USUALLY
FREE OF
DROWSINESS
OR EUPHORIA



PIDONE

Mephenoxalone Lederle

TO RESTORE THE NORMAL PATTERN OF EMOTIONAL RESPONSE

TREPIDONE Mephenoxalone is a new tranquilizer which has shown the capacity to relieve mild to moderate anxiety and tension without detracting significantly from mental alertness. Treated patients have shown little tendency to become sleepy or detached from reality, or to experience euphoria as a result of the drug. They generally respond normally to everyday situations ... require fewer restrictions on activities, and tend to complain less frequently.

Extensive trials have shown no habit-forming properties or adverse effects on withdrawal, even after long-term administration. Complete information on indications, dosage, precautions and contraindications is available from your Lederle representative, or write to Medical Advisory Department.

chemically distinct from previous tranquilizers

Average adult dosage: One 400 mg. tablet, four times daily. Supplied: Half-scored tablets 400 mg. TREPI-DONE Mephenoxalone, bottle of 50.

LEDERLE LABORATORIES
A Division of
AMERICAN CYANAMID COMPANY
Pearl River, New York

four years in a group. And I'll never go back to group practice, even though my associates were fine men both professionally and personally. Under a group system, I found, medical care is neither better nor less expensive.

-Harris B. Graves, M.D. Omaha, Neb.

SIRS: Groups can handle coverage of patients during "off" periods (nights, week-ends,

etc.) much more efficiently than the single physician can.

-M.D., Massachusetts

Do accountants know it all?

SIRS: I depend on MEDICAL ECONOMICS to keep me abreast of the ever-changing income tax picture. For example, my accountant had my 1960 tax form all ready to send in when I read "How to Handle Depreciation

Here are three good reasons why you should write "Raudixin" in the treatment of high blood pressure:



1. The whole root, including all its active fractions, is used for maximal antihypertensive activity with minimal sedation.



2. Radioisotope dilution assay (important, but rarely done elsewhere) determines potency.



3. Every Raudixin tablet to reach your patient meets the high Squibb standards for effectiveness, potency and uniformity.

For full information ore your Squibb Product Reference or Product Brief. Raudixin

Squibb Quality - the Priceless Ingredient



Squibb Standardized Whole Root Rauwolfia Serpentina

Supply: 50 and 100 mg. tablets.

'Raudixin' is a Squibb trademark.



Rheumatoid arthritis

Use of oral Medrol:

In severe or moderately severe cases, initial dosage of Medrol tablets is 8 to 16 mg. daily; maintenance dosage ranges from 4 to 12 mg. daily, adjusted stepwise every 5 to 10 days in accordance with response. In children, and also in adults with moderate disease, both initial and maintenance dosage is Medrol 4 to 8 mg. daily.

"It [methylprednisolone] is potent and displays a slightly improved 'safety' record, showing a reduced frequency of disturbing side-effects as compared with the other steroids."

-Neustadt, D. H.: J.A.M.A. 170:1253 (July 11) 1959.

Medrol

Upjohn

75th year

Indications and effects

Medrol benefits (anti-inflammatory, antiallergic, antirheumatic, antileukemic, antihemolytic) have been demonstrated in acute rheumatic carditis, rheumatoid arthritis, asthma, hay fever and allergic disorders, dermatoses, blood dyscrasias, and ocular inflammatory disease involving the posterior segment.

Precautions and contraindications

Because of Medrol's high therapeutic ratio, patients usually experience dramatic relief without developing such possible steroid side effects as gastrointestinal intolerance, weight gain or weight loss, edema, hypertension, acne, or emotional imbalance.

As in all corticotherapy, however, there are certain cautions to be observed. The presence of diabetes, osteoprosis, chronic psychotic reactions, predisposition to thrombophlebitis, hypertension, congestive heart failure, renal insufficiency, or active tuberculosis necessitates careful control in the use of steroids. Like all corticosteroids, Medrol is contraindicated in patients with arrested tuberculosis, peptic ulcer, acute psychoses, Cushing's syndrome, herpes simplex keratitis, vaccinia, or varicella.

Each tablet contains: Medrol

(methylprednisolone)....2, 4, or 16 mg, Medrol is supplied as 2 mg, tablets in bottles of 30 and 100; as 4 mg, tablets in bottles of 30, 100 and 500; and as 16 mg, tablets in bottles of 50.

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Deductions This Year." I realized just in time that he'd followed obsolete rules in figuring my auto depreciation.

-M.D., Michigan

SIRS: I subscribe to MEDICAL ECONOMICS for my accountant. He thinks the tax articles are very elementary, but I feel better knowing he reads them.

-Walter A. Rohlfing, M.D. Fresno, Calif.

'Cheaper to die'

SIRS: If William Michelfelder had made a survey of funeral expenses, he'd never have concluded "It's Cheaper to Die."

-Bernard A. Wansker, M.D. Charlotte, N.C.

Elderly patients

SIRS: I agree with "How to Handle the Elderly Hypochondriac": The elderly patient often does need the support of hypochondria. If you remove this "crutch," he falls apart.

-Edward A. Gatz, M.D. Shreve, Ohio

SIRS: I've found that the most

satisfactory way to handle my elderly patients—hypochondriac or not—is to listen to their troubles, then prescribe a small amount of medicine, even if it must be a placebo. Treating the elderly can be rewarding—even fun—if you achieve the right mixture of joviality and understanding.

-David A. Barr, M.D.

Too much insurance?

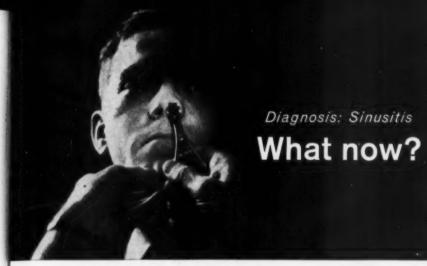
SIRS: If I bought optimum insurance protection for every eventuality—as advocated in articles like "Four Good Reasons for Buying a Forgery Bond"—I'd be broke!

-John T. Bruton, M.D. Racine, Wis.

Medical labs

SIRS: "Why They're Steamed Up About Medical Laboratories" presented excellent broad coverage of both sides of an important controversy. But it didn't come out strongly enough against flat-rate labs.

-Gerald Ente, M.D. Jericho, N.Y.



Chymar; for one thing

THE SUPERIOR SYSTEMIC ANTI-INFLAMMATORY ENZYME

to control inflammation, swelling and pain in SINUSITIS, RHINITIS, ASTHMA, ocular inflammation, ocular trauma

In rhinitis, sinusitis and asthma, breathing is improved and mucus more easily expelled from clogged passages when Chymar is used to thin secretions. Patients have been able to discontinue use of nose drops, antihistamines and corticosteroids completely. Others have been able to breathe normally for the first time in years.1 Chymar hastens the absorption of blood in traumatized tissues and shortens the course of ophthalmic inflammation.2 Twentyfour hours may see a vast improvement in ocular trauma and inflammation when Chymar is used as soon as possible.3

Parsons, D. J.: Clin. Med. 5:1491, 1958. 2. Fullgrabe, E. A.: Ann. New York Acad. Sc. 68:193, 1957. 3. Jenkins, B. H.: J.M.A. Georgia 45:431, 1958.

ARMOUR PHARMACEUTICAL COMPANY
Kenkakee, Illinois • A Leader in Biochemical Research

.....CHYMAR

Chymar Aqueous and Chymar (in eil) contain chymotrypsin, a proteolytic enzyme with systemic anti-inflammatory and antiedematous properties. ACTION: Reduces inflammation of all types; reduces and prevents edema except that of cardiac or renal origin; hastens absorption of blood and lymph extravasates; restores focal circulation; promotes healing; reduces pain. INDICATIONS: Chymer is indicated in respiratory conditions to liquely thickened secretions and suppress inflammation of mucosa and bronchiolar tissue; in accidental trauma to speed reduction of hematoma and edema; in inflammatory dermatoses to amoliorate acute inflammation in conjunction with standard therapies; in gynecologic conditions to suppress inflammation and edema and stimulate healing; in surgical procedures to minimize surgical trauma with inflammation and swelling; in peptic ulcers and ulcerative celitis as an adjunct to diet, antispasmodics, antacids, etc.; in genitourinary disorders to reduce pain and promote faster resolution; ophthalmic and otorhinolaryngic conditions to lessen hematoma, edema and inflammatory changes; in dental procedures to lessen pain and gum tissue traums, with inflammation and swelling, in reaction to extractions or surgery. PRECAUTIONS: Chymar and Chymar Aqueous are for intramuscular injection only. Although sensitivity to chymotrypsin is uncommon, affergic or anaphylactic reactions may occur as with any foreign protein. The usual reme dial agents should be readily available in case of untoward reaction. Precautions (scratch testing for Chymar, scratch or intradermal testing for Chymar Aqueous) should be exercised in those patients with known or suspected allergies or sensitivities. DOSAGE: 0.5 cc. to 1.0 cc. deep inframuscularly once or twice daily, depending on severity of condition. Decrease frequency as course of condition is aftered. In chronic or recurrent conditions, 0.5 cc. to 1.0 cc. ence or twice weekly. SUPPLIED: Chymar in Oil 5 cc. vials and Chymar Aqueous I & 5 cc. vials; 5000 Armour Units of proteolytic activity per cc.

O July, 1961 A.P. Co.



Helps to PREVENT the consequences

of ...



Postprandial
pain and
discomfort due
to gas and distention

TRULASE®

Chewed or swallowed during meals, mixes intimately with food . . . acts physiologically without delay.

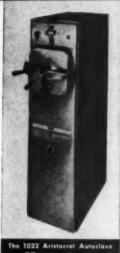
Each chewable TRULASE tablet contains: SMP-Standardized amylolytic enzyme* 30 mg., SMP-Standardized proteolytic enzyme** 6 mg., SMP-Standardized lipolytic enzyme*** 25 mg. Dosage: One or more tablets chewed during meals. Supplied: Bottles of 30 and 100. *from Aspergillus oryzae **from Carica papaya ***Lipase from Pancreatin 3X. Potency established prior to mixture with other ingredients.

SMITH, MILLER & PATCH, INC., New York 10, N. Y.



The 613-R Dynaclave Low-cost, high-speed autoclave — portable

EVERY PHYSICIAN



Office pressure steam sterilization to hospital

CAN NOW GIVE PATIENTS THE POSITIVE PROTECTION OF PRESSURE STEAM STERILIZATION



The NEW 8816M Autoclave
Redesigned to meet the same exacting
sterilization standards of the 8816,
but at substantially lower cost and with
greater capacity.



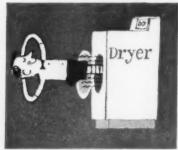
One of these Amsco Autoclaves can substantially aid your efforts toward improved patient protection against the contaminated needle, or other instruments in your office.

Assurance of the positive protection of pressure steam sterilization is a comfort appreciated most highly by the physician who has faced the problem of crosscontamination. There is an authorized Amsco Dealer near you — ready to advise and serve your requirements for sterilization equipment and adequate techniques.

Mailing this coupon with your letterhead will bring full details...

Address					
Name					
Send Bulletin on Autoclaves 613-R [] 8816M [] 1022 [] and location of nearest Amsco Dealer					

4 reasons to try TENSOR elastic bandages



1 TENSOR: special rubber for heat resistance



2 TENSOR: extra comfortable because of extra stretch



3 TENSOR lies flat, resists curling or "roping"



4 TENSOR: designed to pro-

...the only elastic bandage with special plastic tips that avoid pressure points, hold rubber threads

Tensor is the elastic bandage that's always ready—even after repeated sterilizing, washing, and wrapping.

Long-life Tensor bandages won't fray or frazzle. Exclusive plastic tips prevent the rubber threads from slipping from the ends and thus shortening the life and effectiveness of the bandage. Tensor assures an even pressure over large and unequal areas.

Try Tensor[®] elastic bandages—with quality built in every thread—to provide the stretch and support you want. Part of the trusted THE KENDALL COMPANY

Bauer & Black family.

TENSOR ELASTIC BANDAGE

woven with heatresistant rubber threads

BAUER & BLACK DIVISION

Medical Economics

July 17, 1961

Now British doctors tell you

What Government medicine is really like

Recently, four MEDICAL ECO-NOMICS staff members visited six representative English cities with the idea of getting a first-hand impression of medical life today in Britain. They interviewed a cross-section of Family Health Service doctors representing different types of general practice: solo and partnership: residential and industrial; metropolitan and provincial; urban and rural. No attempt was made to "steer" the interviews: The questions were informal, the replies refreshingly candid. What follows is a composite interview distilled from the British doctors' comments. If you're curious about the life you might lead under a Government medical system, here are revealing answers:

Q. Doctor, how many pa-

tients do you see in a typical day?

A. Frankly, too many! Here in the surgery—what your doctors call the office—about thirty a day. That's on weekdays and Saturdays. On Sundays, perhaps half a dozen really sick patients. Weekdays, I also see about twenty patients in their homes. I don't have too many night calls—two or three a month.

Q. Would you say your workload is typical?

A. I think so. I cover for a



friend who has an assistant. Between them they see a hundred patients a day. Half of 'em they see at home, although the doctors work hard at persuading 'em to come to the surgery.

Q. House calls are a problem, then?

A. Definitely. Getting patients to come to the surgery is a slow educational process. I hold surgery hours three times a day; eleven-thirty to one, three-thirty to five, and seven to nine-thirty.

Q. Those night office hours—are they essential?

A. That's my heaviest period. If I didn't hold night surgery—and it goes on until 11 P.M. more often than not—I'd be making house calls all night. I see patients four nights a week. Wednesday is my half-day.

Q. What would happen if you got tough about answering house calls?

A. My patients would start switching to a doctor who isn't tough. And since one's living depends on keeping one's list up, why cut it down?

Q. How do you handle patients who give you a hard time

with unnecessary house calls—the hypochondriac, say?

A. Frankly, we used to pass them on to other doctors. The National Health Service doesn't require us to keep patients we don't want. But we soon realized that this game was foolish. I'd send a bad egg to another doctor, and then I'd get someone's bad egg in return. Collectively, we're stuck with these patients, so now we put up with what we've got.

Q. Can't you tell undesirable patients your list is full?

A. I suppose I could. But a full list is unusual, and patients know it. Do you realize how generous the allowance for a full list is? A doctor can sign up as many as 3,500 patients. In a two-man partnership, if one man has, say, 3,000 patients, the other can have 4,000. There are around 20,000 Family Health Service practitioners in England and Wales. With a 45,000,000 population, you can see the average list runs somewhere around 2,000.

Q. How does a doctor with a small list make out?

A. The Government helps be-



ginners with a pay boost. For the first 1,500 patients on your list, you get more than you do for those in excess of that number. So a list of, say, 1,200 gets a kind of subsidy. There's also an "initial practice allowance" for beginners in special areas. And we get special fees for obstetrics, deliveries, vaccinations, and certain other specified services.

Q. Is there any opportunity for extra medical income out-

Typical incomes under the British N.H.S.

In recent British Medical Journal ads, applicants for vacant family practices in three different areas were offered these inducements:

	Patients on list	per month (in dollars)
Aberdeenshire,		
Scotland	.1,329	\$295
Yorkshire,		
England	.2,278	524
Glamorganshire,		
Wales	.2,381	547

side the regular annual fee, the subsidy you just spoke of, and the special fees for obstetrics and so on?

A. Frankly, there is. Let's say that Mr. Brown wants to be seen quickly—to go to the head of the queue. I know he's a busy man, so I tell him to come to the side door. After I've seen him, he may thank me and leave a one-pound note [\$2.80] on my desk.

Q. Don't the rules forbid you to accept a fee from a patient on your list?

A. Quite so. But if I regard this as a gift, not a fee, who can argue against this interpretation? If Mr. Brown had gone to some other doctor as a private. non-N.H.S. patient, he'd have been seen in a hurry, but he also would have paid a lot more. He'd not only have had to pay the doctor a fee; he'd also have lost his right to free drugs. I gave him a prescription worth 25 shillings [\$3.50]. Coming from me, it'll be made up at no cost to him beyond the legal two shillings [about 28 cents] that the patient is required to pay on every prescription.

Wooing an assistant: Here's what it takes in England

It takes more than money to tempt a young doctor to help out with a National Health Service general practice. Here are sample offerings from a recent issue of the British Medical Journal:

Locality	Job	Monthly pay (in dollars)	Fringe benefits
City	Night and week-end calls only	\$168	New car furnished
Rural	General practice	322	Free house, garage, view*
Urban	Heavy OB and general	315	Free house, view
City	General practice	266	Live in, car, chauffeur
Rural	Group practice	350	Good secretarial help
Industrial	General practice	280	Car, Irish employer
City	General practice	303	New car every 18 months, view*
*Translation: v	with a view to partnership later.		montais, view

Q. You mean that in the National Health Service it's all or nothing?

A. Exactly. If Mr. Brown needs glasses, he can get 'em through the N.H.S. at a token cost of one pound plus the cost of frames of his choice. But if he doesn't want the approved

Government lenses, he can order any others he prefers if he's willing to pay the entire bill. It's the same with dentures: Anything that's not Governmentapproved gets no allowance at all.

Q. If you don't mind my asking, how do you show Mr.

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...Your world

Brown's gift on your tax return?

A. If I sin in not refusing it, I have to sin again and leave it off my tax return. I won't say all doctors would take Mr. Brown's pound. But I know it's done.

Q. What do you do for help, Doctor?

A. For professional help, we have a reciprocal arrangement. I can get any one of several men to cover for me. The N.H.S. requires that.

Q. But what about office help —nurse or secretary?

A. A single-handed practitioner generally doesn't have



Sore throats and runny noses—such is the daily fare of Britain's family doctor. Mainly an Rx-and-reassurance man, he often refers minor lacerations to the hospital. There, crowds of patients in drab surroundings, such as those on the opposite page, are common.

that kind of help. The N.H.S. doesn't pay for it. So he often recruits his wife for free secretarial work. A three- or fourman partnership usually manages to have at least one girl. We also have places called health centers where doctors can rent space. Birmingham

and Oxford each have one, and they're being built in other cities. The centers provide girls who keep records, take telephone calls, and so on.

Q. Are these health centers popular with doctors?

A. I'd say no. A friend of mine in Birmingham says he



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wouldn't move into the one they have there for several reasons: The rent is too high, the service is too impersonal, and he'd rather live among his patients in a neighborhood practice.

Q. What connection do you, as a G.P., have with the hospitals here?

A. None. In sizable towns like this one, the family doctor has no status in the hospital, although he can visit his patients if he wants to. When I'm especially interested in a patient I've sent to the hospital, I try to get there near his date of discharge and meet the consult-



"Tell me, Cheevers: Even with a split personality, there's just one smell, isn't there?"

ant on the case—what you'd call the specialist. He fills me in on the after-care requirements.

Q. You couldn't say to the hospital, "Look here, I've known this patient twenty years, and I'm going to take out his appendix"?

A. Lord, no! But I wouldn't want to. I haven't touched a scalpel in about twelve years. If a laceration comes into my surgery, I'm apt to run the patient around to the hospital in my car, rather than sew it up.

Q. What about hospitals in rural areas?

A. There they have what are called "cottage" hospitals—twenty- to fifty-bed affairs—where general practitioners do attend hospitalized patients. Consultants from the nearest big hospital hold periodic sessions at cottage hospitals. A surgeon, say, might put in half a day every fortnight seeing complicated cases or even operating.

Q. Where do you refer patients needing psychiatric care?

A. To the hospital. All specialist services are based on the hospitals. Many family doctors

feel they've been virtually forced into becoming first-aiders, comparable with casualty clearing stations in battle. We sort out those needing more than medicine and reassurance. and we send them on to the specialists. A lot of us used to complain bitterly about being mere signposts to the hospital. But we don't any more. It dawned on us that we get no bonus for doing specialist work. The family doctor's pay is the same whether he's brilliant or dull, energetic or lazy. He soon learns the importance of not attracting attention.

Q. Avoid being reported to the Government, you mean?

A. Avoid being complained about to anyone—another doctor, say, or a consultant at a hospital, or even a clerk anywhere in the N.H.S. structure. Once a complaint gets on paper, there's no telling where it will end. But if you keep your nose clean, you can stay with the N.H.S. till you die. You learn to spot the potential complainers and shoot 'em off to the specialists in the hospitals.

Q. Are doctors ever ques-

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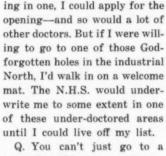
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tioned about anything by the Government?

A. We hear about it if our prescriptions are out of line. My prescriptions, for example, are compared periodically with the averages—in number and cost—for this area. If they're unusual, a Ministry of Health doctor comes around and sounds off. He might even charge some back to me. That's an area where Government interference takes a highly practical form.

Q. What if you want to pull up stakes and practice somewhere else—in a resort town, for instance?

A. Not a chance: They're over-doctored already. In the



unlikely event of a vacancy aris-

Q. You can't just go to a more desirable town and open an office?

A. Theoretically, I can. I can put up my plate anywhere I want. But I can't get any N.H.S. patients unless I'm listed by the local executive council,* and they're not likely to list me in an area that has plenty of doctors already. That economic bar finishes me. I'd like nothing better than to put up my plate in the resort town where I was born, but there hasn't been a practice open there for years.

Q. How did you get this practice, Doctor?

A. I convinced a committee that I'd be a more tractable and



^{*}A supervisory body, part medical, part lay, controlling local family health practitioners.

less troublesome family practitioner than the fourteen others interviewed. They may still be sitting around waiting for good spots. One or two—the younger ones—may even have said to hell with family practice, and started the long grind towards specialism.

Q. How would they do that?

A. Start at the bottom in the Hospital Service. After years on a pittance salary, they *might* arrive at the top with £5,000 [\$14,000] a year.

Q. Isn't the rate of advancement about as slow in the Family Health Service?

A. I'd say so. If a young man doesn't want to build a practice on his own, he has the option of going through the mill of traineeship and assistantship. A diligent young man can become a full partner by the age of 40. In other words, the old man finally takes you into the firm.

Q. About the "old man"—is there a mandatory retirement age for him?

A. No. He can work till he dies if he wants to. Of course, after he's put in forty-five years in the Family Health Service, he can't build his pension up any higher, so he might as well retire. There's a lump-sum gratuity payable on retirement, too. That encourages old parties to make room for their juniors.

Q. Would you care to comment on the typical G.P.'s reaction to his paycheck?

A. I'd say we're all unhappy about it, without exception. It's simply too low. And we don't get allowances for necessary expenses. Of course, we can take practice expenses off our income tax, but that's about all. I know a number of doctors in this area who'll tell you: "The only problem about the National Health Service is how doctors can organize a strike. Then doctors might get the same consideration from the Government as miners and railway porters."

Q. Not long ago, the British Medical Journal published an analysis showing that a doctor's lifetime earnings stacked up pretty well compared with those of lawyers, dentists, and engineers. Whom do the doctors envy, so far as income goes?

A. Their patients! Businessmen, big and small. Skilled artisans. Secretaries, typists, clerks. Since 1950, every worker in Great Britain has seen his pay packet swell. But not the doctor. And the N.H.S. pay was skimpy to start with.

Q. Do most doctors feel as strongly as you do about this?

A. About the pay issue—yes. Of course, there are some doormats in every walk of life. I could show you a typical one. He practices in a simply dreadful neighborhood in London. He agrees that the N.H.S. doesn't pay enough, and then he'll say: "But there's nothing you and I can do about it. I'm all for the Service. The rules are clear-cut. This is the only job I can do, and if the present pay is all I can have, I'll get by on it."

Q. Doctor, do you keep up with your medical reading?

A. Family doctors don't read much professional stuff any more. Why should they, when all the interesting cases are in the hospital as in- or out-patients?

Q. How about articles of general interest—on investments and insurance, for instance?

A. Few of us family doctors

have more than a casual interest in the Stock Exchange; we simply don't have funds to invest. As for insurance, I understand that Americans carry about 75 per cent of all the life insurance in the free world. We do insure our lives, but not for anything like the amounts Americans go in for.

Q. Do you get any sort of advice on how to set up your practice?

A. Between 60 and 70 per cent of the British family doctors have partners or assistants. We do get very good advice from the British Medical Association on how to set up this kind of group practice.

Q. Which is more practical to rent or own your office? Your surgery, that is?

A. Most of us practice out of our homes. Matter of fact, the regulations require this, unless you get special permission to rent elsewhere.

Q. Doctor, a leading question: Is it true that the standard of British medical care has gone down as a result of the N.H.S.?

A. Lots of doctors will deny

it, but there used to be two standards of care before N.H.S. For thirty-seven years before N.H.S., we had a panel plan providing care for workers below a certain wage level. Since our private patients paid us the fees we asked, we gave them time and consideration. But those panel patients were just one notch above charity patients: We gave them very little. Today, under N.H.S., we have only one standard of care. It's somewhere between the two former standards.

Q. Do you feel your profes-

sional skill has fallen off?

A. No, it's my rapport with patients that's suffered. I'm a man with a job now, not a man with a calling. The job's safe, and it's pensionable. My professional judgment is as good as the next man's. But the N.H.S. has knocked the mainspring out of my life, and I'm never going to get it back.

Q. And what is that mainspring, Doctor?

A. Ambition, my dear sir. That's what I've got none of any more. Plain, old-fashioned ambition! END

Twisting the knife

A colleague of mine is tolerant and even-tempered about almost everything, but he has one pet peeve: patients, or relatives of patients, who attempt their own medical diagnoses. One day, while he was treating a child for a sore throat, the child's mother announced: "Jimmy's grandmother says his tonsils should be taken out as soon as possible." Choking back his indignation, my colleague asked icily, "And just where did his grandmother go to medical school?" The answer, loud and clear: "The Women's Medical College of Pennsylvania."—M.D., Virginia

How you influence your

You do it, says a new survey, by taking the lead in using new drugs. Here's the way the medical grapevine works

By Henry A. Davidson, M.D.

Learning about new drugs from medical journals and at medical meetings is certainly more scientific than learning about them on the ninth green at the country club. But the trouble with relying solely on journals or medical society speakers is this: You're not apt to get those practical, down-to-earth tips you get from talking with colleagues who've actually tried the drugs.

A scholarly study has now

come along to suggest that informal social contact is the prime way that knowledge of new drugs is disseminated among practitioners. Prepared by Columbia University's Bureau of Applied Social Research, the study followed the trail of a newly introduced antibiotic in four communities. The drug was followed until, sixteen months later, it had been prescribed by almost every doctor in the four localities.



colleagues' prescribing

Who sets the pace in ordering new drugs in your community? Who—or what—motivates you to prescribe new drugs? The study's two most enlightening findings will give you a clue:

Among the earliest prescribers of the drug were doctors who stood out in their communities as friends and advisers of other doctors. This is contrary to the popular idea that innovators are usually lone operators.

The biggest single factor leading to a doctor's early use of the drug was his informal professional contacts with colleagues.

It's the shop talk that does

it, all right. My own personal experience bears this out. Some years ago at a party in his home, a friend of mine—let's call him Dr. Bill Emerson—asked his colleagues if they had anything new for the treatment of epilepsy. Another friend—an internist I'll call Guy Abilene—asked, "Ever try acetazolamide?"

"A diuretic in epilepsy?" someone said skeptically.

"Sure," said Dr. Abilene. "Have you forgotten the theory that epilepsy is a hydration of the brain? Anyway, we use acetazolamide in the convulsion clinic at Hillside—and it's one anticonvulsant that isn't basic-



ally a sedative. So it doesn't dope up the patient."

Bill Emerson has great respect for Guy Abilene. And apparently he had an epileptic patient he didn't want to refer. You can be sure the local pharmacy soon got an Rx for acetazolamide on the letterhead of William T. Emerson, M.D.

The Bureau of Applied Social Research calls this "interpersonal influence." It long ago discovered that when you promote a new idea or product through the techniques of mass communication, your message directly influences a relatively small number of persons. They in turn influence many others.

When a drug manufacturer asked them to look into the way doctors adopt new drugs, the bureau's sociologists chose four Midwest cities. The drug, given the fictional name "gammanym," was fresh on the market. It was chosen because, according to the study, it belonged to a well-established family of drugs that had "widespread applicability in the hands of general practitioners and many specialists."

A total of 125 physicians-35 per cent of all those practicing in the four cities-were interviewed and their prescription records obtained from pharmacies. As for the influence of doctors on each other, the first finding was that those sharing offices used the new drug on the average 2.3 months sooner than men who practiced alone. The reason, according to the Columbia study: Doctors working together discuss new developments and thus reassure each other about the use of new drugs.

I found good support for this theory in a remark made recently by the pediatrician in a goodsize Delaware clinic. Asked why his group so often pioneers locally in prescribing new drug products, he said, "It works like this. Our otologist tried a new antibiotic for otitis media. He said the infection practically melted away. As a pediatrician, I can't send all my ears to an otologist. He's pretty conservative, and if he liked the drug, that's good enough for me. So I've been using it since. I told our internist, and he tried it the

next day. You can see how the system operates."

Among other questions the Columbia researchers fired at the Midwestern practitioners were these: To whom do you turn for advice about therapy? With whom do you most often discuss cases? Which three friends do you see most often socially? The sociologists were able to trace the interlocking webs of friendships among doctors. Thus, they could separate the doctors into two broad divisions. On the one hand were "integrates"-those often named as advisers, discussion partners, or friends. On the other hand were "isolates"—doctors rarely thus chosen. Not surprisingly, the average integrate was found to use the new drug nearly four months before the average isolate.

Among the integrates, the drug snowballed rapidly during the early stage of its use. One pioneer using gammanym converted two friends, and each of these converted others, and so on.

The isolates responded more regularly to the stimuli of detail men, medical journals, and drug advertising. Thus, their





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adoption of the new drug was relatively slow and steady.

Eventually, the survey produced a clear picture of a fivephase process at work during the sixteen months that gammanym was in the introductory stage:

- For about the first four months, the use of the drug spread principally through the adviser and discussion networks.
- Then, for about two months, the main agency was the friendship network.
- 3. In the third phase, which somewhat overlapped the second, adoption of the drug spread for a month or so to the relatively isolated doctors on the fringes of the networks.

- 4. During the next eight months, there were random individual adoptions of the drug; the networks had exhausted their effect.
- 5. Finally, for a month or so, the adoptions became extremely sporadic. Knowledge of the new drug, the survey indicated, had by this time pretty well permeated all four of the studied communities.

You hear a lot about medical communication these days. There have been detailed studies of medical journals, meetings, exhibits, and courses. Now you have a scientific survey that gauges the effectiveness of one of the best communication systems in the world: the grapevine. END

Liquid gold

I asked a patient to bring along a urine specimen on her next visit. She canceled the appointment, but wrote that the sample was being sent under separate cover. Sure enough, in the next mail, I found a meticulously wrapped package containing about an ounce of urine—insured for \$10! —Stanley R. Dean, M.D.

Is charting your stocks worth while?

It is, say advocates of point-and-figure analysis, because charting can tell you when to buy and sell. If you have the time and temperament, this system may pay off

By Thomas Owens

You might pick a good security with your pencil by taking a blindfold stab at the daily stock tables. But here's a more sensible method: Use that pencil to chart the stocks you're interested in. The system, called point-and-figure analysis, isn't as complex as it looks. Many analysts depend on it to forecast price rises and falls.

Just how accurate is the system? As the accompanying charts show, point-and-figure analyses aren't infallible in predicting the rise and fall in stock prices. But for the most part, such analyses come pretty close to the mark. If you're a

serious investor, you might well find it profitable to spend a few minutes each day on stock charting. Here's how it works:

The chartist doesn't research a corporation's financial history in the usual way. He gets his answer to the big question about a stock's future movement by watching price changes and recording those changes on a piece of graph paper. He uses Xs to show increases, and Os to show decline. He goes on the theory that price changes, when charted daily, eventually form a pattern that signals an impending rise or fall in a stock.

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u-1: symptom: The stock is about to run a high fever, or relapse into a state of shock. You detect the symptom early, diagnose the case, and act accordingly: You buy or sell.

I'm going to explain one of the simpler methods of charting a stock. Why not do a chart on Whizzbang Corporation with me? You'll need a pencil, a sheet of ordinary graph paper, and the daily stock quotations. A single 8½" x 11" piece of graph paper is usually sufficient to record a six-year span in the life of a corporation—depending on the amount of activity in the trading of that stock.

First, construct a vertical price scale numbered like the one shown in Chart No. 1 on page 71. From zero to twenty, each square represents a one-half point (50¢) value; from twenty on up, each square stands for one point (\$1).

If Whizzbang's price rises, you place Xs one above the other in the second vertical column. When Whizzbang's price starts declining, record Os one below the other in the third column. To keep your chart unclut-

tered, follow this rule: Before you record a shift in price direction, the price should go up or down at least three points. For example: If the price has been going up and finally hits 50, it must drop to 47 or less before you can record Os in the next vertical column. If the price drops less than three points, there's no need to make an entry on the chart.

What about fractions? Chartists usually don't bother with them. For prices above 20, use the next highest round number; i.e., 37½ or 37% becomes 38. Below 20, convert fractions to the nearest half-point unit on your scale.

Now let's chart Whizzbang for a two-week period. Suppose the morning paper shows that on Monday it sold at a high of 21 and a low of 20. Since we don't know yet whether the stock will be declining or rising in the days ahead, we'll arbitrarily start with an X and record it in both the 20 and 21 price squares in the second column. On Tuesday and Wednesday, the price of the stock remains at the 20-21 level, so no record-

ing is necessary on these days.

On Thursday, Whizzbang hits a high of 23 and a low of 22. Enter this increase by marking Xs—still in the same column—immediately above the Xs marked on Monday, up to and including the 23 square.

On Friday Whizzbang drops. The high for the day is 18; the low is 16. Since the last price recorded on the chart was 23, we now have that required three-point shift in direction. So go to the next column on the right and begin marking Os. Mark the first O in the 22 square (to show that the price has dropped from 23) and continue marking Os down to the 16 square.

During the following week, Whizzbang has these daily highs and lows: 16-18, no recording; 16-15, mark Os down to 15; 15-13, record Os down to 13; 15-14, no recording; 17-16, shift to the next column on the right, since we now have the needed shift in direction of at least three points. Mark X from the 13½ square on up to the 17 square.

That's all there is to recording prices on your graph. Yours

Point-and-figure chart No. 1: a basic charting guide

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Н	2	2	X	0	Ц	Ц		4	4	+	1
Ц	2	1	X	0	Ц	ш	Ц	4	4	+	4
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Н	1	44	+	0	X				7	$^{+}$	†
Н	+		+	o	X	_		П	7	Ť	†
Н	1	3	+	Ô	-	Н	Н	\dashv	1	+	†
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Follow the author's instructions in the accompanying text, and you'll be able to chart the ups and downs of the imaginary Whizzbang Corporation's stock on ordinary graph paper, as shown here. Once you've mastered the technique of point-and-figure analysis, you can chart securities you're interested in to determine whether their prices will continue to rise—or fall.

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Point-and-figure chart No. 2: a typical 'bull' pattern

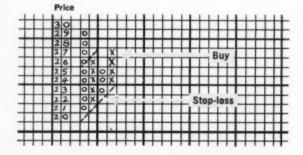
When charted daily, the price action of a stock eventually forms a pattern that signals an impending price change. The investor interprets the pattern—a rising "bull" or declining "bear"—and takes action: He buys or sells. Using the sample chart below, here's how the basic "bull" formation can be identified.

Say that the stock you're charting falls from 30 to 21, then rises again to 26. After that, let's suppose the stock declines again from 26 to 23, then pushes back up to 27. Notice the symptoms: As you move from left to right, you find a higher bottom plus a higher top, as shown by the slanting lines.

This is a "bullish" pattern. It points toward a major price rise. As soon as the price hits 27—one square above the previous top of 26—buy, say the charting experts.

If you invest on the strength of a chart's prediction, it's a good idea to protect your investment by placing with your broker a stop order—a request to sell the security if it falls to a price specified in your stop order.

How do you select your stop price? The chart does it for you: You sell at that price represented by the square immediately below the last previous bottom. You can see it clearly in the chart below: The stop price is 22.

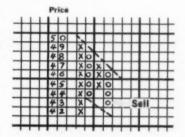


should be identical to Chart No. 1 on page 71. Now let's get on to chart interpretation and explore the symptoms that tell whether a stock is headed for a big advance (a "bull" pattern) or decline (a "bear" pattern). Chart No. 2 (left) illustrates a typical bull pattern: Chart No. 3 (right) illustrates a typical bear pattern. Once you've grasped the technique, you can start to chart the stocks you're interested in. If you'd like to delve deeper into this technical approach to the stock market, I suggest you read "Study Helps in Point and Figure Techniques," by Alexander Wheelan.

Would point-and-figure analysis be a good method for you? You can answer that by asking yourself these two questions:

1. Do you have the investment personality for charting? The system is not intended for members of the buy-blue-chipsand-hold-them school. Charting is designed for investors who generally hold their securities less than six months. 2. What degree of accuracy do you demand? One company that charts several hundred listed and unlisted securities for its subscribers told me its predictions are 85 per cent accurate. "And where we're wrong," they

Point-and-figure chart No. 3: a typical 'bear' pattern



Here's how you can identify an impending drop in a stock. Symptoms: As you move from left to right, you see a lower bottom plus a lower top in the vertical columns—the reverse of a bullish formation. The prognosis: a price decline. The prescription, according to charting experts: When the price drops one square below the previous bottom, sell.

e.

e

f

d

^{*}Publisher: Morgan, Rogers & Roberts, Inc., 150 Broadway, New York, N.Y. Price: \$10.

reported, "the stop order often cushions the fall." Other firms refuse to rate the accuracy of their charts; they claim success depends on how well you read the patterns. (Of the six security charts reproduced on pages 75-77, four proved accurate in their predictions, and two did not.)

In short, if the less-than-sixmonths investing tempo appeals to you, it won't hurt to try your hand at charting. Do it for a while without actually investing money. After that, you can't

How dependable is point-and-figure charting?

The accompanying charts were plotted to record actual price movements of six real-life stocks. If you'd followed the buy-and-sell advice of Charts A through D, you'd have made money. But if you'd followed the advice of Charts E and F, you'd have taken a loss.

To help you see what the charts were "saying" to the investors following those companies, two graphic aids have been added to each chart. The broken arrows show you whether the chart was predicting a price

rise or decline; buying and selling symbols (B and S) show you at what point the investor following the chart would have bought or sold stock.

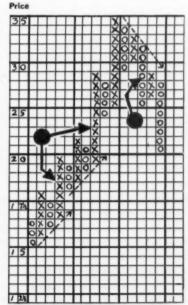
The price action of the stock in Chart A formed a bear pattern (trend arrow pointing downward) shortly after the chart was begun. Since the pattern indicated a decline in prices, investors owning this stock would have sold at 33 (S). Moreover, prospective investors would have held off buying. As you can see, the chart's predic-

go wrong very long if you abide by this principle: Buy or hold a stock only as long as it keeps on making higher tops and higher bottoms; sell it out or sell it short when it begins to make lower tops and lower bottoms. If you're too busy to do your own charting, you can subscribe to one of the several services that do it all for you.

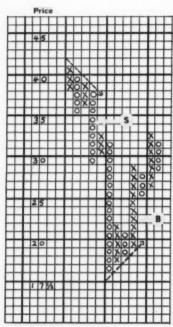
Or you can ask your broker to give you charts on the stocks you're interested in, if his research department has a chartist on the staff.

Price

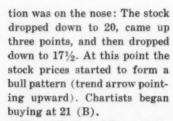
A. American Enka Corp.



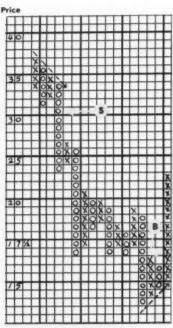
B. Bohn Aluminum & Brass Corp.



C. Rogers Corp.



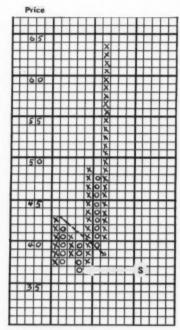
Charts B, C, and D are quite



D. Northwest Airlines, Inc. -

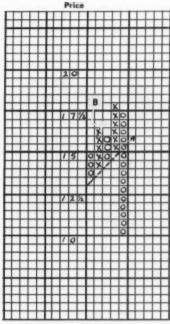
similar to Chart A. In each instance, prices of the stock rose following the chart's bull signal, declined after the bear pattern formed.

How about the two charts that failed? Chart E was begun when the price was 38. The price shifted up and down, eventually



E. Beech-Nut Life Savers, Inc.

forming a bear pattern. Investors would have sold—or sold short—at 37 (S). Then the price zoomed up to 49, dropped back to 40, and later rose to 64. Anyone selling that stock at 37 missed out on some nice profits; investors who sold short at 37—hoping the price would con-



F. Elgin National Watch Co.

tinue downward-lost money.

Chart E promised a decline, but the price went up. Chart F did just the opposite: It predicted a rise, and the stock fell. Investors studying that chart would have bought at 17 (B). But as you can see, the price dropped to 10½. END

Do your consent forms



THIS ARTICLE is the second in a series of three on consent forms and related problems. All articles in the series are copyrighted © 1961 by Medical Economics, Inc., Oradell, N.J. They may not be reproduced, quoted, or paraphrased in whole or in part in any manner whatsoever without the written permission of the copyright conter.

If their wording is misleading or inadequate, you're on dangerous ground. Here are the mistakes that show up most often—plus carefully worded sample forms you can adapt to your own practice

By Wallace Croatman

The California surgeon was performing a diagnostic biopsy on a woman with an enlarged axillary gland. He'd already got written authorization from the patient and her husband "to any and all of the medical and surgical treatments, including operations . . . which may be deemed advisable. . . ."

With this sweeping authority in hand, the surgeon thought he was legally well covered. So when a laboratory report of carcinoma reached the operating room, he promptly did a mastectomy. But postoperative tis-

really protect you?

sue analysis showed no signs of malignancy, and the patient sued. An appellate court upheld her for this reason: Since there had been no immediate emergency, the blanket consent had authorized only the original biopsy.

This type of consent form was actually worse than useless; without it the surgeon undoubtedly wouldn't have gone ahead with the mastectomy. This same false sense of security, I've found, seems to plague most doctors who use blanket consent forms.

The first in this series of articles* showed that the best way to prove informed consent is to have the patient sign your own form at the time you explain the procedure. Most physicians surveyed by this magazine tend to rely on hospital forms or on the patient's implied or verbal consent. Even the relatively few

doctors who do use their own forms are often less well protected than they seem to think. Many of these doctor-prepared forms are poorly worded; they say either too much or, more often, too little. The survey revealed the following as common failings:

Some forms grant the doctor such sweeping authority that they wouldn't stand up in court. Blanket consent forms, authorizing "any and all" procedures, have been ruled invalid in a number of states as being against public policy. But they have by no means disappeared from doctors' offices. Printed forms sold by more than one commercial company—and used or copied by a number of surveyed medical men—are worded along these lines:

I hereby grant authority to the physician or physicians in charge of (name of patient) to administer any treatment; or to administer such anesthetics and

^{*} See "Are You Gambling on Patients' Consent?" in the July 3 issue.

perform such operations as may be deemed necessary or advisable in the diagnosis and treatment of this patient.

Such wording, while trying to sum up everything in a single sentence, protects the doctor against very little. For example, the form fails to say what kind of procedure is authorized. Yet, according to the A.M.A. Law Department, it's essential "to

Consent	to	Op	era	tion

PATIENT_		AGE
DATE	TIMEA.M	. PLACE
	y authorize Dr	
upon	ever he may designtee te name of patient	nate as his assistants, to perform , the following opera-
tion:	or name or patient	; and if any
ferent from	m those now con	procedures in addition to or dif- templated, I further request and ter he deems advisable.
authorize l 2. The nat	him to do whateve ture and purpose	
sibilities o l acknowle	f complications	have been fully explained to me antee or assurance has been made
		istration of anesthesia to be ap- tion of Dr.
	xception of	
		ate "none," "spinal anesthesia," etc.)

although such result has not been guaranteed. I know that a sterile person is incapable of parenthood.

- 6. I consent to the taking and publication of any photographs in the course of this operation for the purpose of advancing medical education.
- 7. For the purpose of advancing medical education, I also consent to the admittance of observers to the operating room.

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE CONSENT TO OPERATION, THAT THE EXPLANATIONS THEREIN REFERRED TO WERE MADE, AND THAT ALL BLANKS OR STATEMENTS REQUIRING INSERTION OR COMPLETION WERE FILLED IN AND INAPPLICABLE PARAGRAPHS, IF ANY, WERE STRICKEN BEFORE I SIGNED.

Signature of patient's husband or wife
made or wife
When patient is a minor or incompetent to give consent:
Signature of person
authorized to consent for patient
Relationship to patient
Witness

The most important single consent form is shown on these pages. Designed by the A.M.A., it can be adapted to various surgical procedures. Simply cross out any paragraph that doesn't apply.

Signature of patient

PATIENT		AGE
DATE	TIMEA.M. PLA	CE
I hereby requ	est and authorize	Dr
and whomev	er he may designa	te to assist him to perform
	(Name of patient or "	myself")
diagnostic pr	ocedure:	
		he risks and possible conse- foreseen results may occur
Si	gned	
	l in my opinion th	discussed, and signed in my te person so signing did so understanding.

This A.M.A. consent form for potentially dangerous diagnostic procedures covers the doctor's right to use assistants. It also states that the patient clearly understood what he was signing.

spell out precisely and in the least technical language possible the exact procedure which the physician intends to perform or the particular condition which he seeks to relieve." The form doesn't even say whether the procedure is to be surgical, medical, or diagnostic. Nor does it specify the physician by name. Nor does it spell out any of the other qualifications that

PATIENT_	AGE
DATE	TIMEP.M. PLACE
I hereby r	equest and authorize Dr
to perform	uponthe following (Name of patient or "myself")
diagnostic	procedure:
I have bee	n fully informed of the risks and possible conse- avolved and that unforeseen results may occur
	Signed
The foreg	oing consent was signed in my presence, and in

This typically incorrect version of the form on the opposite page doesn't mention assistants. And it fails to show that the patient signed "with full knowledge and understanding."

will be discussed later in this article.

Some forms are so specific in describing the procedure that they give the doctor no leeway. This shortcoming is less common than the first one. Yet a few physicians are evidently so anxious to avoid being vague that they try to describe the authorized procedure down to the last suture. Obviously, it's next



After a night of deep, refreshing sleep—this is the promise of Noludar 300. One capsule at bedtime acts quickly... eases your patient into sleep without pre-excitement, gives up to 6 or 8 hours of undisturbed sleep without risk of habituation, without toxicity or even minor side effects. Try Noludar 300 for your next patient with a sleep problem. Chances are he'll tell you

"I slept like a log"

NOLUDAR 300

prans or metnypryson



ROCHE LABORATORIES . Division of Hoffmann-La Roche Inc . Nutley 10, New Jersey

to impossible to anticipate everything that may come up during an operation. Thus, the A.M.A.'s sample Consent to Operation form (see pp. 80-81) not only lists the procedure specifically: it also authorizes the surgeon to use his judgment in meeting "any unforeseen condition."

Some forms don't make it clear that the doctor hasn't quaranteed a cure. Not long ago, the Minnesota Supreme Court

pointed out that "a physician is not an insurer of a cure or a good result . . . he is required to possess only the skill and learning possessed by a member of his profession in good standing in his locality and to exercise that skill and learning with due care."

This is old stuff to most doctors and legal authorities. But it's not uncommon for a patient to claim that a physician agreed verbally to cure a certain condi-

NOSE HROA

Nasal Suspension (3.75 mg./cc.) with hydrocortisone acetate (0.2 mg./cc.) and phenylephrine HCI (0.125%) PHARYNGETS® Troches, 15 mg.



ACHROMYC

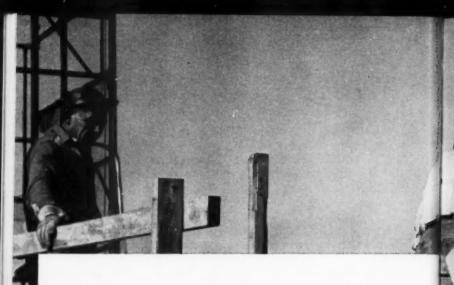
Tetracycline Lederle

a standard in local antibiotic therapy

LEDERLE LABORATORIES, a Division of AMERICAN CYANAMID COMPANY, Pearl River, N. Y.



Medical Economics, July 17, 1961



Put your low-back patient back on the payroll

Soma's prompt relief of pain and stiffness can get your low-back patients back to work in days instead of weeks

Soma is unique because it combines the properties of an effective muscle relaxant and an independent analgesic in a single drug.

Thus with Soma, you can break up both pain and spasm fast, effectively . . . help give your patient the two things he wants most: relief from pain and rapid return to full activity.

Soma is notably safe. Side effects are rare. Drowsiness may occur, but usually only with higher dosages. Soma is available in 350 mg. tablets. USUAL DOSAGE: 1 TABLET Q.I.D.

The muscle relaxant with an independent pain-relieving action



Wallace Laboratories, Cranbury, New Jersey



to combat the three-pronged assault of urinary tract infections

-bacteriuria-tissue infection-discomfort

UROBIOTIC°

COSA-TERRAMYCINO-SULFONAMIDE-ANALGESIC

Only urobiotic contains: Oxytetracycline (with glucosamine for enhanced absorption) — notable for its wide tissue distribution, high urinary concentration, excellent toleration and proven antibiotic effectiveness against even so troublesome an invader as Pseudomonas; Sulfamethizole—an unusually soluble, highly active sulfonamide; Phenylazo-diamino-pyridine—for effective local analgesia.

Science for the world's well-being®



PFIZER LABORATORIES Division, Chas. Pfizer & Co., Inc. Brooklyn 6, New York

INGREDIENTS: Each Urobiotic capsule contains 125 mg. Terramycin® (oxytetracycline) with 125 mg. glucosamine HCl, 250 mg. sulfamethizole, and 50 mg. phenylazo-diamino-pyridine HCl.

INDICATIONS: Urobiotic is indicated in the treatment of a number of common genitourinary infections caused by susceptible organisms. It may also be used prophylactically before and after genitourinary or pelvic surgery, following instrumentation procedures, during the use of retention catheters, and in patients with conditions such as cord bladder or cystocele.

DOSAGE: In adults, a dose of 1 or 2 capsules four times daily is suggested, depending upon the severity and response of the infection. In children 60 to 100 lbs., the suggested average dose is 1 capsule four times daily; in children under 60 lbs., 1 capsule three times daily. Therapy should be continued for a minimum of 7 days or until bacteriologic cure is effected in acute urinary tract infections.

CONTRAINDICATIONS: Urobiotic may be contraindicated in patients with chronic glomerulonephritis, hepatitis, hepatit failure, uremia, and obstructive lesions of the urinary tract, and should not be used in patients sensitive to any of its components.

PRECAUTIONS: The use of broad-spectrum antibiotics may, in rare cases, result in an overgrowth of nonsusceptible organisms, such as monilia or staphylococci. Should such superinfection occur, therapy with Urobiotic should be discontinued and specific therapy instituted as shown by susceptibility testing. The use of sulfonamides may cause renal crystalluria or skin rash, as well as other toxic or sensitivity reactions. If any of these occur, discontinue use.

SUPPLIED: Urobiotic capsules, yellowand-grey, bottles of 50.

More detailed professional information available on request.

Medical Economics, July 17, 1961

... Your liability

tion. When such a claim is made in open court, there's always a chance that the jury will side with the plaintiff. So it's important to state in the consent form that no warranty has been made.

Some forms fail to note that the patient's case was adequately explained to him. The main purpose of getting written consent at the time you explain things is to provide proof that the patient understood what he was signing. Many of the forms used by physicians in the survey don't mention this crucial point.

Some forms don't cover the surgeon's right to use assistants or mention the other M.D.s involved in the case. Ordinarily, legal authorities concede, it's not necessary to mention by name the doctors or the non-M.D. hospital personnel who assist you. But the patient's authorization should cover not only the surgeon but also "whomever he may designate as his assistants."

Since the anesthesiologist has distinct liabilities of his own in any operation, he should be covered in a separate paragraph, such as Item 3 of the A.M.A. Consent to Operation form. And if postoperative care is to be handled by a doctor other than the surgeon, that doctor should be identified somewhere on the form.

Some forms unwittingly attempt to bind patients to conditions that the courts might rule are illegal. A few surveyed physicians use forms that include a statement something like this: "I hereby release Dr. Jones from any claims arising from the surgery performed." Obviously, these doctors think they've hit on a way to prevent lawsuits. As the counsel for one state medical society comments, it's true that such a provision



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Only KOROMEX COMPACT offers both jelly and cream.

This complete method for contraception includes two spermicidal lubricants which gives your patient an opportunity to decide her aesthetic preference. (As an alternate to the jelly, Koromex cream affords less lubrication.) Compact also includes Koromex Diaphragm, Introducer and waterproof zippeted clutch bag.



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after eleven million treatment courses ...

through the years...consistently broad antibacterial action against urinary tract pathogens "It was interesting to observe that nitrofurantoin [Furadantin] showed a consistent in vitro effectiveness against the bacteria tested throughout the four year period, thus revealing negligible development of bacterial resistance, if any, through the years." 1

*Conservative estimate based on the clinical use of FURADANTEN tablets and Oral Suspension since 1953.

CC

as lo



consistently broad antibacterial action

...was given continuously and safely for as long as three years."

1. Jolliff, C. R., et al.: Antibiot. Chemother. (Wash.) 10:094, 1960. 2. Lippman, R. W., et al.: J. Urol., Balt. 80:77, 1958.

Furadantin



rapid, safe control of infection throughout the urinary system

EATON LABORATORIES, Division of The Norwich Pharmacal Company NORWICH, NEW YORK

might convince a few patients that they've waived their right to sue. But, he adds, it might start other patients thinking in terms of a lawsuit. In any event, the provision isn't apt to stop a plaintiff's attorney. In many states, you can't legally disclaim liability for your own wrongful acts.

State laws vary widely on such matters as experimental operations, sterilization, artificial insemination, and therapeutic abortions. Where these procedures are "against public policy," consent forms covering them are patently worthless. So it's important that you consult a local legal authority before you handle such procedures.

Why do so many consent forms used by doctors fail? One main reason, according to the survey, is that the doctor often gets a stock of hospital forms and doesn't adapt them to his own requirements. Some doctors copy forms used by colleagues in other states. Or they use samples drawn up by the A.M.A. without considering the special circumstances in their own state.

As the A.M.A. says of the samples reprinted here: "Local legal counsel should be consulted to make such changes in the suggested forms as are necessary to satisfy the laws of the jurisdiction."

So much for the forms themselves. It's also worth noting that many of the surveyed physicians seem delinquent in the way they use the forms. I list the following rules of thumb because they're so frequently overlooked.

- 1. If the patient is a minor, be sure the consent is signed by a legal guardian. This is ordinarily one or both parents (even if the child is living temporarily with someone else) or, if the parents are divorced, the parent with legal custody.
- 2. Whenever possible, have a patient's spouse sign the consent, too. This is desirable in ordinary procedures; it's a necessity where plastic surgery or any procedure that may affect sexual function is involved.
- 3. Whenever the patient is incompetent, be sure the form is signed by (a) the parents or legal guardian if the patient is



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Chewable Vitamins

TRI-VI-SOLO . POLY-VI-SOLO . DECA-VI-SOL

In recent taste tests by over 800 children, the flavor of Vi-Sol® was preferred over other chewable vitamin tablets...as much as 2 to 1 in some cases. Vi-Sol chewable vitamins are reformulated on an authoritative basis,* with practical modifications, to provide safe, rational levels of vitamins C, D and A for the growing child—preschool to adolescent.

J.A.M.A. 169:41-45 (Jan. 3) 1959.

8644



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Symbol of service in medicine

a minor, or (b) the spouse or court-appointed guardian if the patient is of age. Some adults not under guardianship are considered only "partially incompetent," and thus capable of understanding the need for an operation and the risks involved. In such cases, the A.M.A. advises, you should get the signatures of both the patient and a close relative. If the incompetent is in an institution, have the superintendent sign, too.

4. Hold on to consent forms until you're sure the statute of limitations has run out. But remember that although operating without consent technically constitutes assault and battery. such cases often come under the statutes relating to malpractice or personal injury, which tend to run longer. Remember, too. that in some states the statute doesn't begin to apply until the alleged misdeed is discoveredand that for a minor it usually

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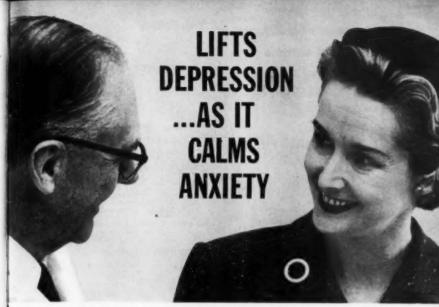
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Tetracycline lederle

a standard in local antibiotic therapy

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"I feel like my old self again!" Thanks to your balanced Deprol therapy, her depression has lifted and her mood has brightened up — while her anxiety and tension have been calmed down. She sleeps better, eats better and normal drive and interest have replaced her emotional fatigue.

Brightens up the mood, brings down tension

Balanced action-avoids "seesaw" effects of energizers and amphetamines.

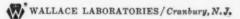
Acts rapidly—you see improvement in a few days.

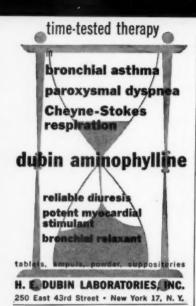
Acts safely – does not cause liver toxicity, anemia, hypotension, psychotic reactions or changes in sexual function – frequently reported with other antidepressants.

Desage: Usual starting dose is 1 tablet q.1.d. When necessary, this may be gradually increased up to 3 tablets q.1.d. Composition: 1 mg. 2-diethylaminoethyl benzilate hydrochloride (benactyzine HCI) and 400 mg. meprobomate. Supplied: Bottles of 50 light-pink, scored tablets. Write for literature and samples.

'Deprol'

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Please send me the Colwell Catalog for Physicians PLUS Information Kit containing actual samples, detailed descriptions and the newest items in the Colwell line of Practice Management Aids.

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... Your liability

doesn't begin to apply until he's of age.

One major point remains to be covered; the often delicate matter of getting the patient's signature. The next article in this series will explain why this isn't a big problem for some doctors; what they tell patients in tough cases; and why, despite the best methods of medical diplomacy, a few patients refuse to sign. END

Amusing . . .

Amazing . . .

Embarrassing . . .

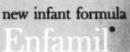
No doubt one of these adjectives describes some incident that has occurred in the course of your practice.

Why not share the story with your colleagues?

If it's accepted for publication, you'll receive \$25-\$40.

Contributions must be unpublished. They cannot be either acknowledged or returned. Those not accepted within ninety days may be considered rejected. Address: Anecdote Editor, MEDICAL ECONOMICS, Oradell, N.J.

Medical Economics, July 17, 1961



Infant formula

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nearly identical to mother's milk' in nutritional breadth and balance

Five years of research and 41,000 patient days of clinical trials form the background of Enfamil.

Excellent acceptance. During the crucial first 8 weeks of life and throughout the formula feeding period, babies accept Enfamil and thrive on it. As shown in a well-controlled institutional study covering the early period of formula feeding, the average daily caloric intake of Enfamil was 51.4 per pound. (The normal daily requirement to your infants is 45 to 55 calories per pound.)

The same study³ also showed that Enfamil produced • good weight gains • good stool patterns

1. The Composition of Mills, Publication 254, National Academy of Sciences and National Research Council, Revised 1953. 2. Recover, G. W.; Tuloslais, J. M.; Sauer, L. W.; Minsk, L. D., and Rosenstern, L.; J. Pediat. 56:391-(Mar.) 1960. 3. Watson, E. H., and Learny, C. H.; Growth.



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61

BEHAVIOR PROBLEMS IN CHILDREN ...

Mellaril®

provides highly effective tranquilization, relieves agitation, apprehension, anxiety

and "screens out"
certain side effects
of tranquilizers,
making it
virtually free of:



Behavior Problems In Children: "At the present time Thioridazine hydrochloride [Mellaril] would appear to increase adaptation and learning of the hyperactive child, in school, at home, and at play. On the basis of this study, 8 out of 10 hyperactive children placed on a standard dosage of Thioridazine hydrochloride [Mellaril] 10 mg. t.i.d., can remain in school. This improvement has occurred without the appearance of untoward side effects such as: sedation and lethargy...extrapyramidal symptoms..."

Mellaril is indicated for varying degrees of agitation, apprehension and anxiety in both ambulatory and hospitalized patients.

Usual starting dose: Non-psychotic patients — 10 or 25 mg, t.i.d.; Psychotic patients — 100 mg, t.i.d. Dosage must be individually adjusted until optimal response. Maximum recommended dosage: 800 mg, daily. Supply: Mellaril Tablets, 10 mg., 25 mg., 50 mg., 100 mg.

 Zarling, V. Richard and Hogan, J.: Control of the Organic Hyperkinetic Behavior Syndrome in the Elementary School Child, Scientific Exhibit, American Academy of Pediatrics, Chicago, October 5-8, 1959.

*Study of 21 elementary school "problem" children.



Allergic or inflammatory flare-up!





Rapid remission with new Celestone the first major advance in corticosteroid therapy in over 21/2 years

Clinical worth: CELESTONE provides greatly enhanced antiallergic and antiinflammatory effects with significantly lower mg. dosages. Its efficacy and safety have been established by 20 months of pre-introductory clinical trials in such steroid-responsive disorders as:

- bronchial asthma
- pollenosis (severe hay fever)
- · allergic/inflammatory dermatoses
- inflammatory eye diseases
- · rheumatoid arthritis

Exceptional utility: From simple dermatoses to the more severe steroid-responsive conditions, the unexcelled anti-inflammatory effect of CELESTONE provides rapid clinical improvement with average daily dosages ranging from 2 to 8 tablets.

Ease of use: CELESTONE has simple-tofollow dosage schedules for all steroidresponsive disorders based on a single tablet strength, 0.6 mg. Patients may be switched easily from other corticosteroids to CELESTONE with proper dosage adjustments.

Safety-speed factor: CELESTONE is particularly valuable for short-term therapy of acute inflammatory episodes because inflammation is resolved quickly, thus helping to avoid certain corticoid side effects such as:

- weight loss
 anorexia
- potassium
 excretion
 muscle weakness

Improved response: CELESTONE also offers the advantage of providing an opportunity to restore "lost" or diminished control in patients receiving other steroids.

For complete details, consult latest Schering literature available from your Schering Representative or the Medical Services Department, Schering Corporation, Bloomfield, New Jersey.

Bibliography: 1. Goldman, L.: Investigation of a New Steroid in Dermatology. Paper presented at First Symposium on the Clinical Application of Betamethasone: A New Corticosteroid, New York City, May 8, 1961. 2. Nierman, M. M.: The Use of Betamethasone in Dermatology. Ibid. 3. Gant, J. Q., and Gould, A. H.: Betamethasone: A Clinical Study. Ibid. 4. Frank, L.: The Place of Betamethasone in Dermatologic Practice. Ibid. 5. Hampton, S. F.: Betamethasone: A New Steroid in Allergy: A Preliminary Report. Ibid. 6. Bukantz, S. C.: Observations on the Use of Betamethasone in the Intractable Asthmatic Child. Ibid. 7. Bedell, H.: A New Systemic Steroid in the Treatment of Allergies in Office Practice. Ibid. 8. Schwartz E.: Clinical Evaluation of Betamethasone in Chronic Intractable Bronchial Asthma. Ibid. 9. Kammerer, W. H.: Observations on the Effects of Betamethasone in Rheumatoid Arthritis. Ibid. 10. Cohen, A., and Goldman, J.: Management of Rheumatoid Arthritis with a New Steroid. Ibid. 11. Gordon, D. M.: Betamethasone—A New Corticosteroid in Ophthalmology. Ibid. 12. Abrahamson, I. A., Jr.: A Clinical Evaluation of Betamethasone. Ibid.

(betamethasone) Tablets, 0.6 mg.

CELESTONE

a new magnitude in corticosteroid activity

ROVEN EFFICACY

HUMATIN possesses high antibacterial and antiamebic activities, coupled with a low order of oral toxicity.1 Because it is effective against many gram-negative pathogens, HUMATIN has proved valuable in the treatment of infectious diarrheas and other enteric infections, most of which are caused by bacilly of the gram-negative group.2-5 Characteristic of the favorable response to HUMATIN is a prompt reduction in the number of stools per day, a decrease in fever, and rapid alleviation of other symptoms of infection, 2.3.5 HUMATIN is also useful in all phases of intestinal amebiasis, 1.5-12 and has shown promise of being useful in the preoperative suppression of intestinal flora,5 and in the adjunctive management of hepatic coma. 13-15

HUMATIN is not appreciably absorbed from the gastrointestinal tract and is, therefore, not effective against systemic infections. Systemic toxicity has not been a problem. See medical brochure for details of administration, precautions, and dosage.

SUPPLIED: HUMATIN (paromomycin, Parke-Davis) is available as the sulfate in Kapseals, each containing the equivalent of 250 mg. of base, in bottles of 16,

REFERENCES: (1) Coffey, G. L., et al.: Analbiotics & Chemother, 9:730, 1959. (2) Courtney, K. O.; Thompson, P. E.; Hodgkinson, R., & Fursimmons, J. R.: Analbiotics Annual 7:304, 1959-1960. (3) Godenne, G. D.; ibid, 310. (4) McMath, W. F. T., & Hussain, K. K.: Pab. Health 73:238, 1959. (5) Personal Communications to Department of Clinical Parestigation, Parke, Davis & Company, 1959. (6) Shafet, A. Z.: Antibiotic Med. & Clin. Therapy 6:7584, 1959. (6) Clarter, C. H.: Antibiotic Med. & Clin. Therapy 6:7584, 1959. (6) Clarter, C. H.: Antibiotic Med. & Clin. Therapy 6:7584, 1959. (6) Dooner, H. E.: Antibiotic Med. & Clin. Therapy 6:7584, 1959. (6) Dooner, H. E.: Antibiotic Med. & Clin. Therapy 6:786, 1959. (7) Thompson, P. E., et al.: Antibiotic Med. & Clin. Therapy 7:858, 1950. (11) Coles, H. M. T., et al.: Lameet 1:944, 1960. (12) Mofflett, H. F., & Toh, S. H.: Antibiotic Med. & Clin. Therapy 7:589, 1960. (13) Mofflett, H. F., & Toh, S. H.: Antibiotic Med. & Clin. Therapy 7:859, 1960. (13) Mofflett, H. F., & Toh, S. H.: Antibiotic Med. & Clin. Therapy 7:859, 1960. (13) Mofflett, H. F., & Toh, S. H.: Antibiotic Med. & Clin. Therapy 7:859, 1960. (13) Mofflett, H. F., & Toh, S. H.: Antibiotic Med. & Clin. Therapy 7:859, 1960. (13) Mofflett, H. F., & Toh, S. H.: Antibiotic Med. & Clin. Therapy 7:859, 1960. (13) Mofflett, H. F., & Toh, S. H.: Antibiotic Med. & Clin. Therapy 7:859, 1960. (13) Mofflett, H. F., & Toh, S. H.: Antibiotic Med. & Clin. Therapy 7:859, 1960. (13) Mofflett, H. F., & Toh, S. H.: Antibiotic Med. & Clin. Therapy 7:859, 1960. (13) Mofflett, H. F., & Toh, S. H.: Antibiotic Med. & Clin. Therapy 7:859, 1960. (13) Mofflett, H. F., & Toh, S. H.: Antibiotic Med. & Clin. Therapy 7:859, 1960. (13) Mofflett, H. F., & Toh, S. H.: Antibiotic Med. & Clin. Therapy 7:859, 1960. (13) Mofflett, H. F., & Toh, S. H.: Antibiotic Med. & Clin. Therapy 7:859, 1960. (13) Mofflett, H. F., & Toh, S. H.: Antibiotic Med. & Clin. Therapy 7:859, 1960. (13) Mofflett, H. F., & Toh, S. H.: Antibiotic Med. & Clin. Therapy 7:859, 19

They're turning in unethical doctors

Should medical societies get tougher with M.D.s who abuse health insurance? Maybe—but this health plan can't afford to wait. Its solution is to call in the state

By Robert L. Brenner

"Here's the kind of doctor we want disciplined," said the health plan's medical director. He showed me a claim from the pile on his desk. "This otolaryngologist signed an office surgery claim for a bilateral ethmoidectomy and a bilateral maxillary window operation. We paid him our scheduled fee of \$350, and then we routinely sent the patient a copy of the check. A few weeks later, the patient wrote us that the doctor had done nothing but pack his nostrils."

I was talking to Dr. Arthur A. Fischl, medical director of one of the nation's oldest nonprofit health plans, Group Health Insurance, Inc., of New York. We were discussing an old professional problem: how to police the handful of unethical doctors who fraudulently take advantage of health insurance plans.

Organized medicine has been looking for better ways to root out its few bad apples. In Washington State, a six-doctor disciplinary board has been given legal power to investigate any physician it suspects of unprofessional conduct and to revoke or suspend his license. California's big Alameda-Contra Costa County medical society has given a committee of ten M.D.s broad authority to settle disputes between doctors and

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... Your associates

health plans. And a few local medical societies—Buffalo's is one--have empowered their grievance committees to suspend or expel doctors.

But the approach New York's Group Health Insurance has taken could have a more farreaching effect than any of these. If other big health plans should adopt it, the policing of doctors who abuse such insurance would pass almost completely out of local medical so-



"Only a handful of doctors fraudulently take advantage of our plan," says Dr. Arthur A. Fischl of New York's Group Health Insurance, Inc. "But unless we stop them, they'll drain us dry."



What do these have in common?

SUMMERTIME SKIN DISTRESS is the factor that unites the objects here. Common offenders include poison ivy, oak and sumac; insect bites, sunburn. Kenalog (Squibb Triamcinolone Acetonide) topical therapy brings to these and other related warm weather dermatitis a rapid—sometimes dramatic—involution of the lesion... with prompt relief of itching, burning and the allergic aspect. Kenalog-S, combining Kenalog with Spectrocin (Squibb Neomycin and Gramicidin), affords marked antibacterial protection. Mycolog, containing Kenalog and Spectrocin, is also formulated with Mycostatin (Squibb Nystatin)—the preferred antifungal agent in treating cutaneous candidiasis... And Kenalog Spray—in a convenient aerosol unit—is well suited for summertime skin distress, particularly in hard-to-reach problem areas.

For full information, see your Squibb Product Reference or Product Brief.





Squibb Quality the Priceless Ingredient

"KENALDO" , "NYCOLOG", "SPECTROCIN" , AND "NYCOSTATIN" ARE SQUIBS TRADEMARKS.

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cieties' hands. G.H.I.'s solution, in Dr. Fischl's words: "We're referring all cases of suspected fraudulent abuse directly to the state licensing board."

Here's the story behind G.H.I.'s new crackdown:

Two years ago, New York's Appellate Court began investigating lawyers it suspected were filing fraudulent accidentinjury suits. The probe not only spotlighted several hundred unethical lawyers; it also turned



The state moves in on fraud: A. J. Bardot Jr. (left), director of the Professional Conduct Division, New York State Board of Regents, discusses a doctor's case with an investigator, T. V. Milana.

Reports

New agent for allergy and itch works better than previous therapy in 7 cases out of 10

...turn page for results In over 6000 patients

Also reported in this documentary section:

- How to make arthritic patients feel better
- Lethargy relieved by mild nonamphetamine stimulant

2/2986NK

... Your associates

up eighty-odd doctors who were colluding with them by certifying to nonexistent injuries. These doctors were reported to the state agency that has authority to investigate and discipline them—the Board of Regents.

The investigation made headlines in New York City papers. The people at G.H.I. found the stories especially interesting. Their comprehensive plan has 700,000 subscribers, and its benefits include diagnostic work, home and office visits, and out-of-hospital surgery. In most cases, it pays the doctor directly. It handles about 20,000 claims a week.

For years G.H.I. had suspected that some of these claims weren't bona fide. "We've felt all along," Dr. Fischl told me,



"Do me a favor, Miss Karp: Stop saying, 'You're the doctor.' "

Allergy and pruritus treated with new Forhistal*...a report on 6181 cases

Following initial clinical investigational work, Forhistal was sent to physicians throughout the country for evaluation as an antiallergic and antipruritic agent in everyday practice. Results in 6181 cases reported have now been analyzed. In 3419 cases a comparison was made between Forhistal and previous therapy. Results are shown below-

Information about the investigational work done previously is being mailed to you and is also available on request.

Compared with previous therapy

Forhistal rated better in 7 out of 10 cases of allergy and/or pruritus

Forhistal same 23.3% Previous therapy better

Response to treatment in allergic and/or pruritic disorders

Marked to moderate relief in more than 8 out of 10 cases

Forhistal brings marked to moderate relief of allergic and/or pruritic symptoms in 9230 out of 6161 patients

Diagnoses	No. of Cases	RELIEF				
			Slight	None		
Respiratory Allergies	3333	2790 (83.7%)	328 (9.8%)	215 (6.5%)		
Allergic Dermatoses	1898	1624 (85.6%)	163 (8.6%)	111 (5.85)		
Pruritus*	848	734 (86.6%)	72 (8.5%)	42 (4.95)		
Miscellaneous	102	82 (80.4%)	10 (9.8%)	10 (9.8%)		
Totals	6181	5230 (84.6%)	573 (9.35)	378 (6.1%)		

Side effects

None reported in 9 out of 10 cases



See the Therapeutic Guide at the end of this documentary section for complete information about indications, dosage, precautions, and side effects of Forhistal.

"that a few doctors were taking advantage of us in three general areas: ghost surgery, other fraudulent claims, and gross overutilization." Here's how he described these abuses:

Ghost surgery: G.H.I. gets a good many claims for surgery supposedly done by G.P.s at unaccredited proprietary hospitals. "We always check such claims to see if the G.P. has surgical privileges at the hospital," explained Dr. Fischl. "In well

over fifty claims each year, we find that the G.P. who signed the claim has no surgical privileges and wasn't the surgeon."

Other fraudulent claims: According to Dr. Fischl, "Some of these are pretty obvious. One G.P., for example, sent us claims for setting fifty-three fractured clavicles in one year. Another sent us several claims for having done acid phosphatase tests on women. We're also suspicious of claims for complicated office

How to

form of

to your

patients

or itch

choose the Forhistal*

best suited with allergy

Lontabe - for sustained therapeutic effects up to 12 hours, without peaks of overdosage or periods of inadequate dosage.

Tablets - for prompt relief of allergy and itching when prolonged therapeutic effects are not needed.

Syrup - for children and adults who prefer liquid medication. Forhistal Syrup is slightly sweet, but without distinct flavor. Thus, the problem of taste preference is avoided.

Pediatric Oral Drops - ideal for young children and infants. Slightly sweet, unflavored Forhistal Pediatric Drops can be readily mixed with formula, milk, fruit juices, cereal, etc. A calibrated dropper insures precise dosage.

See the Therapeutic Guide at the end of this documentary section for complete information about indications. dosage, precautions, and side effects of Forhistal.









surgery—internal hemorrhoidectomies, pilonidal cyst excisions, fistulectomies, etc. Usually they come from men who have no hospital surgical privileges. We suspect that these men actually do a token procedure, then bill us for more complicated work.

"Of course, we routinely tell a patient what we've paid his doctor. And sometimes patients tell us we've paid for something that never happened." Overutilization: "Some doctors overutilize our plan by going hog-wild on diagnostic tests," Dr. Fischl told me. "Here's a dermatologist—a dermatologist, mind you—who recently reported he'd done the following on one patient: Albumin, alkaline phosphatase, blood grouping and typing, total blood protein, C-reactive protein, calcium, cancer smear, cephalin-cholesterol flocculation, chloride balance, total cholester-

Why Arthritic Patients Report feel much better on Dianabol®

Dianabol improves general physical condition¹ m Dianabol helps restore a sense of well-being² m Dianabol augments the beneficial effects of salicylates, corticosteroids, etc.^{1,3,4} m Dianabol counteracts the catabolic effects of corticosteroids⁵⁻⁷ m Dianabol has a superior anabolic-androgenic ratio when compared with 12 other compounds⁸ m Dianabol is low-cost and **orally** effective

References: 1. Kuzell, W. C., and Naugler, W. E.: Paper presented at the Annual Meeting of the American Rheumatism Association, Hollywood-By-The-Sea, Florida, June 9-11, 1960. 2. Gingrich, G. W.: Clinical report to CIBA. 3. Clark, G. M.: Paper presented to the Seventh Interim Session of the American Rheumatism Association, Dallas, Texas, December 10, 1960. 4. Clark, G. M., Kaplan, S., Goobar, J., and Mills, D.: Arthritis and Rheumatism 4:106 (Feb.) 1961. 5. Tillis, H. H.: Clin. Med. 8:274 (Feb.) 1961. 6. Vignos, P. J., Jr., Abbott, W. E., Post, R. S., and Levy, S.: J. Lab. & Clin. Med. 38:954 (Dec.) 1960. 7. Abbott, W. E.: Research report to CIBA. 8. Misurale, F.: Minerva med. 51:366 (March 21) 1960.

For complete information about Dianabol (including dosage, cautions, and side effects), see 1961 Physicians' Desk Reference or write CIBA, Summit, N. J.

DIANABOL® (methandrostenolone CIBA)

8/3972ME

Hypertension of over 12 years relieved with Esidrix®



With Esidrix, Mr. S. was able to conduct his business activities and enjoy his customary fishing trips without discomfort or apprehension.

H. S., a 48-year-old salesman, had been suffering from labile hypertension for over 12 years. Both phenobarbital and rauwolfia had failed to stabilize his blood pressure. Reserpine and chlorothiazide brought some control, but side effects were troublesome. On May 5, 1959, feeling unusually tense, nauseated and dizzy, Mr. H. S. visited his physician.



Work-up disclosed blood pressure of 210/120 mm. Hg, a trace of pretibial edema, heart slightly enlarged to the left, coronal headache, normal urinary function and blood chemistry, and essentially normal EKG. The physician prescribed Esidrix (to be taken with orange juice), and recommended continuation of unrestricted salt diet.

Blood pressure of 210/120 reduced to 140/90 with Esidrix

Date	Therapy	(mm. Hg)	Observations
5/5/59	Esidrix (taken with orange juice)	210/120	Dizzy, headache.
5/15/59	Esidrix (salt added to diet)	210/120	Muscle cramps.
5/22/59	Esidrix-	160/90	Patient greatly improved.
6/5/59	Esidrix	148/90	Improvement maintained. Headaches, dizziness, nausea gone
6/19/59	Esidrix	140/90	
6/26/59	Esidrix (KCI substituted for orange juice because of gastric distress	140/90	Patient feels well, but somewhat weak,
7/3/59	Esidrix	140/90	Patient no longer week; continues to feel well.

Esidrix® for edema and hypertension

Photos used with permission of the patient.

(hydrochlorothiazide CIBA)

For complete information about Esidrix (including dosage, cautions, and side effects), see Physicians' Desk Reference or write CIBA, Summit, N. J.

ol, color index, creatinine, ECG, eosinophiles, globulin, hematocrit, hemoglobin, heterophil agglutination, latex fixation, protein-bound iodine, ketosteroids, phospholipids, potassium, red cell count, sedimentation rate, serology, sodium, sugar before and after eating, thymol turbidity, transaminase, urea nitrogen, and white cell count."

After pausing to catch his breath, Dr. Fischl went on: "Of course, only 1 to 2 per cent of our claims suggest overutilization. But when you're handling 20,000 claims a week, that comes to a lot of money. We certainly can't keep paying it and stay in business."

Why is G.H.I. turning to the state authorities rather than to local medical societies for discipline? "The medical societies just aren't set up to investigate such cases," said Dr. Fischl. "We still do refer cases of improper medical care to the med-

Report

Lethargy due to illness overcome with RITALIN*



Mrs. R. R. had a partial oophorectomy and lysis of adhesions on October 10, 1960. Postoperatively, she developed an acute respiratory infection followed by acute gastroenteritis. Ordinarily an active, industrious woman, Mrs. R. was left weak and depressed by this siege of illness.

To overcome the lingering lethargy, her physician prescribed Ritalin. He reports: "Within 24 hours she was a changed person. Forty-eight hours later she called me up and thanked me for these 'wonderful tablets'..." Mrs. R. is busy again at home and has resumed her job as a piecework seamstress.

Photograph used with permission of the patient.

See the Therapeutic Guide at the end of this documentary section for complete information about indications, dosage, cautions, and side effects of Ritalin.

2/2020MR

ical societies. But in the past, when we sent them our fraudulent claims as well, the results we got were disappointing. The Kings County society made one G.P. turn over a check we'd given him to the man who'd really done the surgery. Queens County hung a two-year suspension on the otolaryngologist who charged \$350 for packing a nose. The Bronx County society printed a reminder in its bulletin that doctors shouldn't

sign claims for work they didn't do. And the local osteopathic society sent its members the same warning."

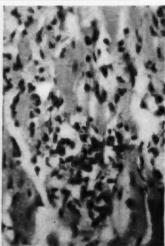
Dr. Fischl concluded: "Obviously, these steps haven't begun to stop the abuses that are draining us. I'm a past president of the Queens County society myself, so I know how tough it is for medical societies to discipline these doctors. But G.H.I. has to get some action."

They couldn't have picked a

Report

Laboratory evidence shows SERPASIL® prevents heart damage

Note: While Serpasil did not completely protect the hearts of all animals in this study, it greatly reduced myocardial damage in most of them. Original magnification of photomicrographs at right: approximately 450X. (Photomicrographs from Reab¹)



Severely damaged heart muscle of a rat given 2-a-methyl-9-a-fluorohydrocortisone and stressed (restraint).

better time to turn to the Board of Regents. As an outgrowth of the ambulance-chasing probe, the annual budget of the board's investigating arm—the Division of Professional Conduct—has been upped \$100,000 by the State Legislature. And the division is now doubling its tenman staff of medical investigators.

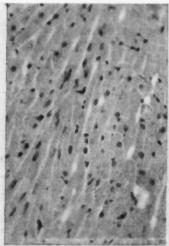
To find out what the Board of Regents can do about such abuses. I talked to Thomas V. Milana, one of its senior investigators. Under New York's medical practice act, I learned, a physician's license can be revoked or suspended if he:

¶ "Is guilty of fraud or deceit in the practice of medicine."

"Has... participated in the... splitting or refunding of a fee."

¶ "Has been guilty of unprofessional conduct."

The answer is clear. If



Undamaged heart of a rat given 2-α-methyl-9-α-fluorohydrocortisone and stressed as at left, but also given Serpasil (0.4 microgram daily for one week).

Raab et al² suggest that stress may damage heart tissue by stimulating discharges of the potentially necrotizing catecholamines, epinephrine and norepinephrine. These catecholamines, Raab³ contends further, can cause heart damage and dysfunction in hypertensive patients - even after blood pressure has been brought under control. The ability of Serpasil to deplete catecholamines from the myocardium,4 which Raab believes explains the heart-protecting effect shown in the photomicrographs at left, may also guard hypertensive patients against cardiac damage. Complete information about this added benefit of Serpasil in the treatment of hypertension will be sent on request.

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See the Therapeutic Guide at the end of this documentary section for complete information about indications, dosage, cautions, and side effects of Serpasil.

G.H.I.'s suspicions about some of its claims are correct, the doctors who signed these claims have, in effect, signed away their licenses.

"We investigate each case individually," Milana told me. "Sometimes we simply talk to the patient. Sometimes we inspect hospital records. We may question the doctor himself. In any event, we make sure we get the facts."

On the basis of these facts,

the Board of Regents' ten-doctor medical grievance committee decides whether to press charges against the doctor. If they do, the doctor must appear at a hearing to defend himself. Then the committee recommends that the board revoke or suspend his license, reprimand or otherwise discipline him, or drop the case. On the ambulance-chasing cases cited earlier, the score right now is five revocations, three suspensions,

Report

Clinical investigations confirm sleep is safe and sound with Doriden

Because 5 years of clinical experience have proved its wide margin of safety, DORIDEN has become the most widely prescribed nonbarbiturate sedative. Published reports have repeatedly confirmed minimal side effects^{1,2}



and lack of adverse effect on respiration, 3.4 liver, 5 kidney 1.5 and blood. 1.3 For example, Weston 6 concluded: "Doriden was administered to 415 patients during a period of one year. The drug is a safe and effective hypnotic in doses ranging from 0.25 to 0.5 gm, and produces six to eight hours of sleep."

References: 1. Blumberg, N., Everts, E. A., and Goracci, A. F.: Pennsylvania M. J. 59:305 (July) 1956. 2. Matlin, E.: M. Times 84:36 (Jan.) 1956. 3. Hodge, J., Sokoloff, M., and Franco, F.: Am. Pract. à Digest Treat. 19:473 (March) 1959. 4. Burros, H. M., and Borromeo, V. H. J.: J. Urol. 78:456 (Oct.) 1956. 5. Lane, R. A. New York J. Med. 55:2343 (Aug. 15) 1955. 8. Weston, D. T.: Journal-Lancel 78:7 (Jan.) 1956.

See the Therapeutic Guide at the end of this documentary section for complete information about indications, docage, cautions, and side effects of Doriden.

Reports Therapeutic Guide

DORIDEN® (glutethimide CIBA) **Nonbarbiturate Daytime** and Night-time Sedative

Indications and dosage: Night-time Sedation: 0.5 Gm. at bedtime. May be taken again when needed but not less than 4 hours before rising. Daytime Sedation: 0.125 to 0.25 Gm. t.i.d. after meals. Preoperative Sedation: 0.5 Gm. the night before surgery; 0.5 to 1 Gm. 1 hour before anesthesia. First Stage of Labor: 0.5 Gm. at onset of labor. May be repeated if needed.

Caution: As with other sedatives, emotionally disturbed patients who may receive Doriden over prolonged periods should be observed carefully for possible signs of dependence, even though this occurs only rarely. To minimize withdrawal reactions, dosage should be reduced gradually.

Side effects: Side effects are minimal. Skin rash may occur occasionally, in which case Doriden should be withdrawn.

Supplied: Tablets, 0.25 Gm. (white, scored), 0.5 Gm. (white, scored); bottles of 100, 500, 1000. Tablets, 0.125 Gm. (white); bottles of 100, Capsules, 0.5 Gm. (blue and white).

FORHISTAL® maleate (dimethpyrindene maleate CIBA)

A New Agent for Allergy and Pruritus

Description: Forhistal is a new, low-dosage antiallergic and antipruritic agent which relieves symptoms in a wide range of allergic and pruritic disorders. Forhistal, as clinical evidence shows, is well tolerated in patients of all ages.

Indications: Respiratory allergies: seasonal and perennial rhinitis, vasomotor rhinitis, bronchial asthma, etc. Oculor allergies, especially those accompanying hay fever. Allergic dermotoses: urticaria, angioneurotic edema, dermatitis medicamentosa, Pruritic dermatoses: for relief of itching, as an adjunct to other therapy in management of atopic and contact dermatitis, etc.

Average dosage: Adults and children over 6 years of age: Lontabs - 1 Lontab once or twice daily. Tablets - 1 or 2 tablets 1 to 3 times daily. Syrup-1 or 2 teaspoons 1 to 3 times daily. Children under 6 years of age: Pediatric Drops - 0.25 mg. (0.3 ml.) to 0.5 mg. (0.6 ml.) 2 or 3 times daily.

Side effects: The principal side effect reported is some degree of sedation or drowsiness. Other side effects, which have occurred infrequently, are dryness of mouth, gastrointestinal discomfort, nausea or diarrhea, excessive stimulation, insomnia or irritability, dizziness, headache, bladder discomfort and increased nocturia.

Supplied: Lontobs, 2.5 mg. (orange); bottles of 100. Toblets, 1 mg. (pale orange, scored); bottles of 100. Syrup (pink), containing 1 mg. Forhistal maleate per 5-ml. teaspoon; bottles of 4 fluidounces. Pediotric Oral Props (pink), containing 0.5 mg. Forhistal maleate per 0.6 ml.; bottles of 1 fluidounce, with droppers calibrated for delivery of 0.3 or

LONTABS® (long-acting tablets CIBA)

RITALIN® hydrochloride

(methylphenidate hydrochloride CIBA)

Stimulant-Antidepressant

Indications and dosage for oral Ritalin: Whenever lethargy is a problem-as in menopause, senility, oversedation, mild depression, and convalescence-Ritalin safely restores physical and mental activity within normal physiologic limits. Dosage depends upon indication and individual response. Many patients respond to 10 mg, b.i.d. or t.i.d. Others may require 20-mg. doses; in a few cases, 5-mg, doses will be adequate. Contraindication: Agitated depression. However, patients in this state have responded very well to a combination of Serpasil and Ritalin, since optimal doses of both drugs can be given with fewer side effects.

Side effects: Side effects have usually been minimal. Among complaints mentioned have been nervousness, insomnia, and a few cases of anorexia, nausea, dizziness, palpitation, headache, and drowsiness. Very rarely blood pressure and pulse changes, both up and down, have been recorded. A small number of patients, particularly those with an element of agitation, may react adversely to Ritalin; in these cases medication should be discontinued.

Supplied: Tablets, 5 mg. (yellow) and 10 mg. (light blue); bottles of 100, 500 and 1000. Tablets, 20 mg. (peach-colored); bottles of 100 and 1000.

Information on the use of parenteral Ritalin (Indications, dosage, cautions, and side effects) sent on request.

SERPASIL® (reservine CIBA) Antihypertensive and

Heart-Protecting Agent

Indications and desage: Serpasil reduces blood pressure in patients with mild to moderate hypertension, It is especially useful in anxious, tense patients, and in those with tachycardia-for it exerts a calming effect, imparts a sense of well-being, and tends to normalize the heart rate. In addition, Serpasil depletes catecholamines from the heart; it may thereby protect hypertensive patients against catecholamineinduced heart damage. (lurn page)

S

Reports

Therapeutic Guide (cont'd)

Serpasil may be used alone or in combination with other antihypertensive agents. In the average patient not receiving other antihypertensives, the average initial dose is two 0.25-mg. tablets daily, with a range of 0.1 to 1 mg. Continue for at least a week. If results prove satisfactory—as they will in many cases—no other medication is necessary. For maintenance, the dose should be reduced to 0.25 mg. or less daily. If the response to Serpasil alone is inadequate, other agents such as Esidrix, Apresoline, or Ismelin may be added to the regimen.

Caution: During anesthesia, significant hypotension and bradycardia have been observed in hypertensive patients being treated with Serpasii. If possible, Serpasii should be withdrawn from such patients 2 weeks prior to elective surgery. If an emergency operation is required, vagai blocking agents should be given parenterally to prevent or reverse hypotension and/or bradycardia.

Because Serpasil may increase gastric secretion, it should be used with caution in patients with a history of peptic ulcer.

Side effects: The side effects of Serpasil are characteristic of all rauwolfia preparations. Because of its sedative action, some patients may experience lassitude or mild drowsiness, especially during the period when the dosage is being adjusted. This usually disappears when the optimal dosage level has been attained. Nasal stuffiness or congestion of varying degree occurs occasionally and may be alleviated by use of a suitable topical vasoconstrictor. Increased frequency of defecation and/or a tendency to looseness of stools may occur occasionally. Other side effects, rarely observed, include anorexia, headache, nausea, and dizziness.

A very few patients taking Serpasil have developed moderate to severe "depression." When the drug is discontinued, depression usually disappears, but active treatment including hospitalization for shock therapy has been required in some cases. Adjunctive use of mood-elevating agents such as Ritalin is often sufficient to relieve mild depression.

In general, It is preferable to administer Serpasil after meals in order to obviate the discomfort due to possibly increased gastric secretion.

Supplied: Toblets, 0.1 mg. (white), 0.25 mg. (white, scored) and 1 mg. (white, scored); bottles of 100, 500, 1000 and 5000.

Information on the use of parenteral Serpasii (indications, dosage, cautions, and side effects) sent on request.

SINGOSERP® (syrosingopine CIBA) Lowers Blood Pressure — Usually Without Rauwolfia Side Effects

Indications and desage: For mild to moderate hypertension, including pre-eclampsia and essential hypertension associated with pregnancy. The suggested initial dose is 1 to 2 tablets (1 to 2 mg.) daily in single or divided doses. Some patients may require and will tolerate 3 or more tablets daily.

to 2 tablets (1 to 2 mg.) daily in single or divided doses. Some patients may require and will tolerate 3 or more tablets daily. Since Singoserp has both a gradual onset and prolonged duration of effect, a trial of at least 2 weeks with the starting dose is indicated for the proper evaluation of results. The dose for long-term maintenance therapy in most cases will range from ½ to 3 tablets (0.5 to 3 mg.) daily. In more resistant cases, Esidrix, Apresoline, or Ismelin may be used in combination with Singoserp—in lower dosages than when they are used alone.

Caution: Since rauwolfia preparations are

Caution: Since rauwolfia preparations are known to stimulate the secretion of gastric fluids, caution should be exercised in administering Singoserp to patients with peptic ulcer and to those with histories suggestive of this disorder.

Marked hypotension has been reported in patients undergoing anesthesia while being treated with conventional rauwolfia drugs. Therefore, it may be desirable to reduce or discontinue the dosage of Singoserp several weeks prior to an elective procedure.

Side effects: The side effects of Singoserp are less frequent and milder than those of conventional rauwoffia drugs. Nasal congestion, usually mild, occurs occasionally and may be relieved by use of a suitable topical vasoconstrictor. Other side effects which occur even less frequently are gastric irritation, drowsiness, fatigue, nausea, headache, emotional depression, skin rash, restlessness, and anxiety.

Reports of emotional depression associated with the use of Singoserp have been rare and therefore difficult to interpret. Moreover, a number of patients manifesting symptoms of depression during treatment with conventional rauwolfia drugs either have not had a recurrence of these symptoms or have actually experienced relief of them when given Singoserp in doses producing adequate control of blood pressure.

Supplied: Tablets, 1 mg. (white, scored); bottles of 100 and 1000.

C I B A SUMMIT, N. J.

and twenty-three cases awaiting final action.

The people at G.H.I. don't particularly like this solution to the bad-apple problem. "It's strictly punitive," Dr. Fischl admits. "We'd much rather see these men educated to the fact that abusing health plans is bad business. But until their medical societies can do something about driving this lesson home to them, we've no other recourse."

G.H.I. began turning in suspected doctors in mid-April, and about seventy were reported to the Board of Regents in the first three weeks. Since then, it's been reporting from ten to fifteen doctors a week. If other insurers follow G.H.I.'s lead, quite a few of medicine's bad apples may soon find themselves completely outside the barrel. And the only bad thing about that is that medicine won't get the credit. END



"I might get some work done if I could only keep those damn pulmonary physiologists out of my silo!"

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Dial soap found to be extraordinarily effective against even resistant strains of

staphylococcus

Routine use by physicians, nurses and as aid in eliminating one source of

The antibacterial ingredient in Dial—a synergistic combination of hexachlorophene and trichlorocarbanilide—has long been known for its effectiveness against the skin bacteria that cause perspiration odor.

Now new and more extensive tests have established that Dial inhibits the growth of a wider range of gram-positive and gram-negative bacteria than any other leading toilet soap—including strains that are resistant to antibiotics.

Many physicians already recommend the use of Dial to their patients. Now this new evidence points up even more sharply the benefits of Dial for hospitalized patients and hospital personnel.

Dial is available in guest sizes for hospitals. Ask your hospital purchasing agent to write our laboratory at the address below for information and free samples.

FROM THE SOAP DIVISION OF ARMOUR AND COMPANY

aureus

patients suggested infection in hospitals!



1355 W. 31st Street, Chicago 9, Ill.

In vitro tests demonstrate Dial's antibacterial superiority against Staph. Aureus



1. Ordinary toilet soap left this heavy Staph growth.



2. A widely used antiseptic soap showed little inhibition of Staph.



3. Dial Soap completely inhibited the growth of Staphylococcus aureus.

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back in action Furoxone

stops bacterial diarrheas without eradicating the normal intestinal flora

At a large teaching hospital, a double-blind study with FUROXONE LIQUID in 65 children "demonstrated both symptomatic and bacteriological effectiveness of this drug in the outpatient management of bacterial diarrhea" without eradication of the normal intestinal flora. This "highly desirable quality" the preservation of normal intestinal flora in children—is held "in contrast to experience with other . . . agents used for this purpose." Overgrowth of nonsusceptible organisms "resulting in colitis, proctitis and anal pruritus usually associated with bowel sterilization have not been observed" with FUROXONE. "Side effects were negligible and acceptability of the preparation was excellent." [Mintz, A. A.: Antibiotic Med. 7:481, 1960.] Furexene Liquid is a pleasant orange-mint flavored suspension containing Furoxone 50 mg. per 15 cc., with kaolin and pectin. Dosage for both children and adults may be found in your P.D.R. EATON LABORATORIES, Division of The Norwich Pharmacal Company, NORWICH, N. Y.

When—and when not to borrow money

Cash-on-the-line isn't always a sound policy.
Sometimes borrowing makes better sense. These facts and figures show you when—and why

By A. Robert Ferguson

"I've practiced medicine for fifteen years and never borrowed a dime," a doctor told me the other day. "I've found it's the best way not to live beyond my means. If I can't afford to pay hard cash, then I wait until I can."

Do you follow this kind of cash-on-the-line policy regarding your professional and personal finances? If you do, you may be no better off than the adherents of the popular dollar-down-and-dollar-a-week plans. It can be just as foolish not to borrow as it is to borrow excessively.

When does it pay to take out a loan? These questions and

answers will help you decide:

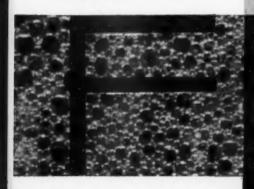
1. Do you need cash in a hurry but would have to sell promising securities to get it? If so, think twice before you phone your broker, or you may take a financial licking. Consider the case of a G.P. I'll call Dr. James Landford. He'd long had his eye on the perfect summer cottage for his family but was reluctant to shell out its asking price of \$9,000. Then, last winter, he was offered the cottage for \$7,000—provided he'd pay cash. It was a bargain he couldn't pass up.

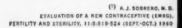
With \$5,000 in his savings account, Dr. Landford had to decide whether to borrow the \$2,000 he needed or to sell—at a



The photo below shows Emko Vaginal Foam enlarged about 40 times. This is the network of spermicidal bubbles that provides effective coverage and blocking action. a close look at
a principle
never before
applied to
contraceptives









A BLOCK OF FOAM ... CREATED BY MILLIONS OF SPERMICIDAL BUBBLES

This lethal block of EMKO VAGINAL FOAM seals the cervical os and covers the entire vaginal tract. After use...it vanishes completely without douching.

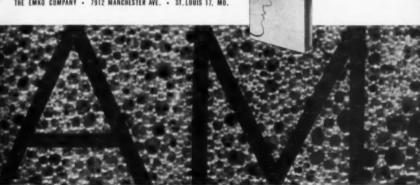
The total surface area of each EMKO bubble contains the widely used and thoroughly proven spermicide... Nonyl phenoxy polyoxyethylene ethanol 8.0% and Benzethonium Chloride 0.2%.

As the sperm attempts to penetrate the foam, its erratic course exposes it constantly to the very large contact area created by the network of bubbles.

Only Emko Vaginal Foam can provide this maximum spermicidal exposure...with a minimum weight of material.

Each bottle of EMKO contains about 35 applications of Vaginal Foam. Suggested retail price \$2.95 (with applicator and cosmetic travel kit). Available at drug stores.

THE EMKO COMPANY . 7912 MANCHESTER AVE. . ST. LOUIS 17, MO.



no douching ... it vanishes after use no greasiness or "after mess"

no diaphragm ... the foam does the blocking no irritation for husband or wife

*PAT. NO. 2.943,979 OTHER PATS. PEND.

emko

at

es

... Your finances

four-point loss—some promising stock he'd just bought. He made up his mind to ask for a six-month loan at 6 per cent.

Today he says: "I not only picked up a real bargain on the property, but I've since made a paper profit of over \$300 on my stock. It recouped its earlier loss and promises even bigger gains in the coming months. And it's more than covered the cost of my loan."

2. Are you thriftier while you're in debt? You are if you're like most people. Thus, for psychological reasons, it's sometimes preferable to borrow needed funds. One banker puts it this way: "When a man has



'A loan helped us save on our new building'

Does it pay to borrow money to build a medical office? Yes, says Dr. Robert E. Lartz of Sharon, Pa. Thirteen years ago, Dr. Lartz and a colleague, Dr. B. J. Wood, borrowed \$28,000 to finance a new medical building. "We worked hard to pay off the note quickly," says Dr. Lartz. "No one would have worked as conscientiously to save as we did to pay off the loan. If we had rented instead of building, we'd have paid the price of the building every eight years and owned nothing. What's more, because of higher building costs and inflation, we couldn't duplicate our office today for anything less than \$40,000. And I hate to think what our monthly rental would be."



... and other painful or disabling musculoskeletal conditions often respond rapidly to the "antidoloritic" effects of Decagesic. Decagesic helps restore normal function by relieving pain and discomfort, suppressing inflammation... and often adds a sense of well-being and renewed strength. Decagesic combines the benefits of Decadron® and aspirin with aluminum hydroxide to provide increased efficacy with a lower incidence of side effects.

Indications: Mild to moderate inflammatory, rheumatic and musculoskeletal disorders, and conditions in which the conjunctive use of steroid and salicylate is indicated.

<u>Dosage</u>: 1 or 2 tablets 3 or 4 times daily. The usual precautions of corticosteroid therapy should be observed. Before prescribing or administering DECACESIC, the physician should consult the detailed information on use accompanying the package or available on request.

<u>Supplied:</u> Bottles of 100. Each tablet contains 0.25 mg. of <u>Decadron</u> dexamethasone, 500 mg. of aspirin (acetyl-salicylic acid) and 75 mg. of aluminum hydroxide (present as the dried gel).

*The term "antidoloritic" has been coined by Merck Sharp & Dohme to describe an agent designed to allay pain associated with inflammation—dolor—pain, itie = associated with inflammation.

DECAGESIC and DECADRON are trademarks of Merck & Co., Inc.



FOR CONSERVATIVE MANAGEMENT OF MUSCULOSKELETAL SYNDROMES

MERCK SHARP & DOHME Division of Merck & Co., IMC. West Point, Pa. a significant achievement in corticosteroid research

HAIDRONE"

(paramethasone acetate, Lilly



Esculapius

predictable anti-inflammatory effect

Lilly

Haldrone is a potent synthetic corticosteroid with marked anti-inflammatory activity. In steroid-responsive conditions, it provides predictable anti-inflammatory effects with a minimum of untoward reactions. Gratifying response has been observed in patients transferred from other corticosteroids to Haldrone. There is relatively little adverse effect on electrolyte metabolism. With Haldrone, sodium retention is unlikely, psychic effects are minimal, and there appears to be freedom from muscle weakness and cramping.

Haldrone, 2 mg., is approximately equivalent to

Cortisone			25	mg.
Hydrocortisone			20	mg.
Prednisone or prednisolone	9.		5	mg.
Triamcinolone or methylprednisolone			4	mg.
Dexamethasone			0.75	mg.

Although the incidence of significant side-effects is low, the usual contraindications to corticosteroid therapy apply to Haldrone.

Tablets Haldrone, 1 mg., Yellow (scored) 2 mg., Orange (scored) are supplied in bottles of 30, 100, and 500.

ELI LILLY AND COMPANY . INDIANAPOLIS 6, INDIANA, U.S.A.

140049

... Your finances

to meet payments on money he owes, he's a lot less likely to buy things he doesn't really need."

A Texas internist I know is no exception to this rule. Recently he paid \$2,500 to buy a small piece of property that adjoins his office. "If I'd raised the money by selling some municipal bonds rather than getting a personal loan, I'd have been better off financially," he says. "But I took out the loan instead." Why? "Borrowing has a good effect on me: It makes me push a bit harder to get that money paid back!"

3. Do you need to establish a good credit rating? Credit men want to know two things before



Make sure you won't be penalized for prepaying

If you borrow, make sure the contract includes a prepayment clause, warns Dr. Earl J. Bieri of Hot Springs, Ark. Otherwise, you can get stuck with extra interest charges if you pay off your debt early. That almost happened to Dr. Bieri a few years ago. The doctor bought a new car and paid onethird down. "I wanted to pay the rest in the next couple of months to duck the interest charges," he says. "My dealer drew up the terms for eighteen months, but assured me that I could pay off the debt any time I was ready, without penalty. About two months later, when I paid off the balance, he tried to sock me with the full eighteen months' interest."

Medical Economics, July 17, 1961

longer-acting, fewer injections for fetal salvage with no androgenic effect

DELALUTIN

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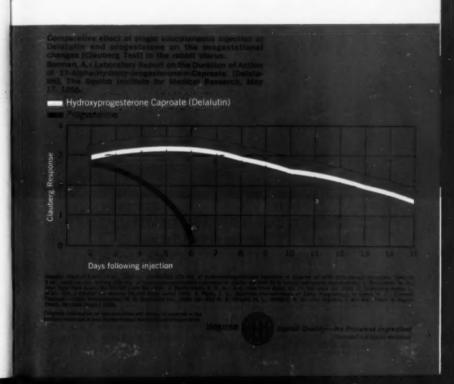
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Long-acting Progestational Therapy

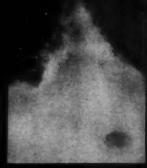
Delalutin offers these advantages over other progestational agents: Significantly improved rate of fetal salvage¹⁻³

■ No virilizing effect on female fetus or mother ■ High, sustained hormonal level in the uterine muscle and mucosa⁴ — high enough even to replace an excised corpus luteum⁵

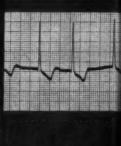
■ Absence of local tissue reactions³.



before treatment*



Cardiac enlargement and pulmonary congestion.



Left ventricular strain and hyper trophy (ST depression in Lead V4

after one month on



Reduction in heart size and clearing of congestion



Changes toward norma (less ST depression)

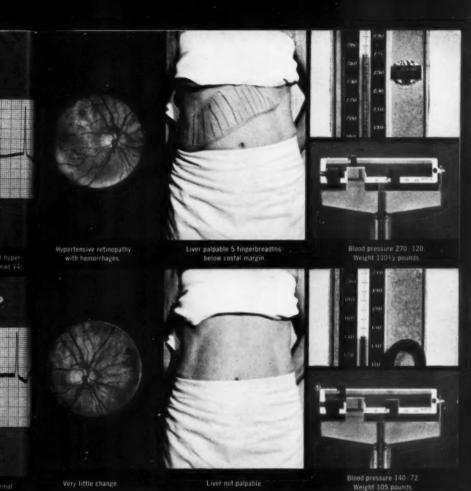
*case report

effective by itself in many hypertensives... indicated in all degrees of hypertension

HYDROPRES.

HYDRODIURIL" with RESERPINE

XUM



HYDROPRES-25

25 mg. HydroDIURIL hydrochlorothiazide, 0.125 mg.reserpine per tablet. One tablet one to four times a day.

also available:

HYDROPRES-Kai-25

25 mg. HydroDlURIL hydrochlorothiazide, 0.125 mg. reserpine, 572 mg. potassium chloride (equivalent to 300 mg. potassium) per tablet.

HYDROPRES-50

50 mg. HydroDIURIL hydrochlorothiazide, 0.125 mg. reserpine per tablet. One tablet one or two times a day.

HYDROPRES-Ka'-50

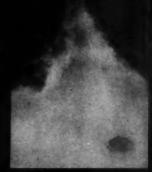
50 mg. HydroDlURIL hydrochlorothiazide, 0.125 mg. reserpine, 572 mg. potassium chloride (equivalent to 300 mg. potassium) per tablet.

It is essential to reduce the dosage of other antihypertensive agents, particularly the ganglion blockers, by at least 50 per cent immediately upon addition of these agents or of HYDROPRES Tablets to the regimen.

Before prescribing or administering HYDROPRES, the physician should consult the detailed information on use accompanying the package or available on request.

MSDMERCK SHARP & DOHME, DIVISION OF MERCK & CO., INC., WEST POINT, PA.

before treatment*



Cardiac enlargement and pulmonary congestion:



Left ventricular strain and hyper trophy (ST depression in Lead V4

after one month on



Reduction in heart size and clearing of congestion



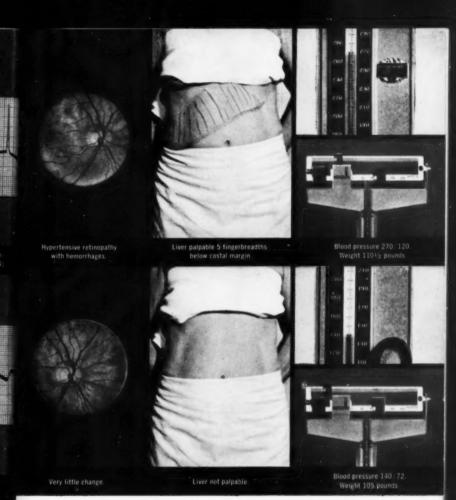
Changes toward normal (less ST depression)

*case report

effective by itself in many hypertensives... indicated in all degrees of hypertension

HYDROPRES

HYDROBIURIL" with RESERPING



HYDROPRES-25

25 mg. HydroDIURIL hydrochlorothiazide, 0.125 mg.reserpine per tablet. One tablet one to four times a day.

also available:

HYDROPRES-Ka-25

25 mg. HydroDIURIL hydrochlorothiazide, 0.125 mg. reserpine, 572 mg. potassium chloride (equivalent to 300 mg. potassium) per tablet.

HYDROPRES-50

50 mg. HydroDIURIL hydrochlorothiazide, 0.125 mg. reserpine per tablet. One tablet one or two times a day.

HYDROPRES-Kal-50

50 mg. HydroDIURIL hydrochlorothiazide, 0.125 mg. reserpine, 572 mg. potassium chloride (equivalent to 300 mg. potassium) per tablet.

It is essential to reduce the dosage of other antihypertensive agents, particularly the ganglion blockers, by at least 50 per cent immediately upon addition of these agents or of HYDROPRES Tablets to the regimen.

Before prescribing or administering HYDROPRES, the physician should consult the detailed information on use accompanying the package or available on request.

MSDMERCK SHARP & DOHME, DIVISION OF MERCK & CO., INC., WEST POINT, PA.

TOROPRES, HYDROPRES-KO, AND HYDRODIURIL ARE TRADEMARKS OF MERCK & CO., INC.

Her hunger



is "liquidated"...but her appetite survives!

Mealtime hunger reflects a physiological need quickly satisfied by food—liquid or solid.

But appetite represents a psychological need which is often the obese patient's biggest problem. Measures that satisfy hunger alone are not enough. Mealtimes rapidly become tedious on unnatural diets... and high calorie snacks, between-meal nibbling, and refrigerator raiding provide an appetizing consolation! When appetite survives, willpower soon vanishes.

You can help her satisfy her appetite as well as her hunger . . . and still be sure of

SUSTAINED WEIGHT CONTROL

by prescribing Biphetamine or Ionamin. A single capsule dose appeases appetite for 10-14 hours. Your patient enjoys normal food (in lesser quantities) while better eating habits and proper weight are gradually established and maintained.

If She's "Sedentary"

BIPHETAMINE

BIPHETAMINE '20'

DIPHETAMINE 12%' BIPHETAMINE '7%'

Each capsule of each strength contains equal parts of d-amphetamine and dl-amphetamine as cation exchange resin complexes of sulfonated polystyrene. If She's "Active

IONAMIN

OE' NIMANO

IONAMIN'IS'

Each capsule of each strength contains phentermine as a cation exchange resin complex of sulfonated polystyrene.

If She's "Refractory"

NEW BIPHETAMINE-T

BIPHETAMINE-T '20' BIPHETAMINE-T '12%'

Each capsule of each strength contains Tuazole® and equal parts of d-amphetamine and di-amphetamine—all as cation exchange resin complexes of sulfonated polystyrene.

Single Capsule Daily Dose 10 to 14 hours before retiring

STRASENBURGH

they grant a loan: (1) Do you have a record of prompt payment of debts, and (2) do you have a secure job? If you've never used credit before, you may have less chance of getting a loan than a doctor who's borrowed money and paid it back on time. It can be well worth your while to get a small short-

term personal loan and make certain every dime is paid back promptly. It'll help smooth the way if you ever need a large amount.

4. Are you a successful investor? Some doctors aren't, but if you're one who is, you may be better off borrowing the money you need from time to



Borrow on securities to cut interest rates

When borrowing, you can frequently get a lower interest rate by putting up your stocks or bonds as collateral, Dr. Arthur R. Cohen of Columbus, Ohio, has used this technique several times without a hitch. The doctor borrows on his securities, then pays the money back out of his regular income. "In this way. I'm not pushed mentally. My stocks pay me a regular dividend; I can reduce the principal of the loan at my discretion; and each month that I do reduce the principal, the interest charges drop proportionately. What's even better, I've been able to get low, near-prime interest rates. And, of course, all the interest I do have to pay is fully tax-deductible."

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Medical Economics, July 17, 1961



in leading headache clinics, the drug of choice for migraine is

CAFERGOT®

First thought in migraine:

CAFERGOT TABLETS: ergotamine tartrate 1 mg., caffeine 100 mg. (Color: light gray, sugar-coated.) Dosage: 2 at first sign of attack; if needed, 1 additional tablet every ½ hour until relieved (maximum 6 per attack).

CAFERGOT SUPPOSITORIES: ergotamine tartrate 2 mg., caffeine 100 mg. Dosage: 1 as early as possible in attack; second in 1 hour, if needed (maximum 2 per attack).

When the headache is associated with nervous tension and G. I. disturbance:

CAFERGOT P-B TABLETS: ergotamine tartrate 1 mg., caffeine 100 mg., Bellafoline 0.125 mg., pentobarbital sodium 30 mg. Warning: May be habit forming. (Color: bright green, sugar-coated.) Dosage: same as Cafergot Tablets.

CAFERGOT P-B SUPPOSITORIES: ergotamine tartrate 2 mg., caffeine 100 mg., Bellafoline 0.25 mg., pentobarbital sodium 60 mg. Warning: May be habit forming. Dosage: same as Cafergot Suppositories.



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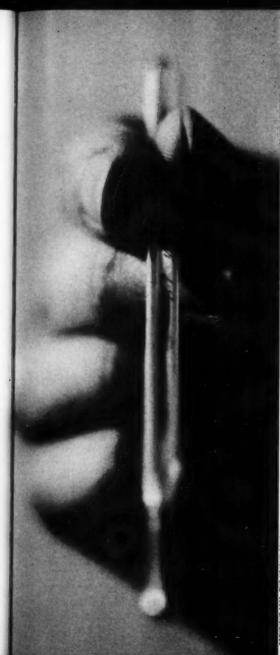
time than disposing of a potential source of profit.

I know one New York City psychiatrist who has made \$500,000 in less than ten years by knowing which securities to buy and when to buy them. Has he ever borrowed to buy promising securities? "Never," he says. "But I've obtained several small loans to keep from selling stocks already in my portfolio. For example, I always finance my car through my bank. I know that I pay a true interest rate of 10 or 11 per cent. But it's worth it to me to keep money working where it is."

5. Would a loan for professional equipment help your



"Let's go, Mr. Burton. They're shy one for a quorum in the O.R."



in bacterial tracheobronchitis

Panalba* promptly

to gain precious therapeutic hours

In the presence of bacterial infection, taking a culture to determine bacterial identity and sensitivity is desirablebut not always practical,

A rational clinical alternative is to launch therapy at once with Panalba, the antibiotic that regardless of etiology provides the best odds for success.

Panalba is effective (in vitro) against 30 common pathogens, including the ubiquitous staph. Use of Panalba from the outset (even pending laboratory results) can gain precious hours of effective antibiotic treatment.

SUPPLIED: Capsules, each containing Panmycin* Phosphate (tetracycline phos-phate complex), equivalent to 250 mg. tetracycline hydrochloride, and 125 mg. Albamycin,* as novobiocin sodium, in bottles of 16 and 100.

ietracycline hydrochloride, and 125 mg. Albanycin, a novolocin sodium, in Albanycin, a novolocin sodium, in USUAL ADULT DOSAGE: 1 or 2 capsules 3 of 4 times a day.
Side Effects: Pannycin Phosphate has a very low order of toxicity comparable well tolerated clinically. Side reactions in the plasma and relatively low order of toxicity. In a cortain few particular and the side of the side of

your broad-spectrum antibiotic of first resort



The Upjohn Company

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practice? It's foolish to postpone buying needed professional equipment because you lack the ready cash, says Management Consultant John C. Post of Washington, D.C. He cites the case of one of his doctor-clients. an internist, who had been sending his X-ray work outside because he lacked the funds to replace his obsolete equipment. About a year ago, he decided to take the plunge. With the aid of an \$11,000 loan, he installed a new X-ray machine. And in one year, he upped his income by \$3,900-and was able to provide better service than ever for his patients.

Says Consultant Post: "The doctor's borrowing not only boosted his income and made it a lot easier for him to complete physical exams, but its true cost to him was reduced by two sizable tax deductions—one for interest payments on the loan and another for depreciation on the machine."

If you can go astray by never borrowing the money you need, you can also end up in hot water by borrowing foolishly. Here are three questions you should ask yourself before you seek credit:

Can you pay back the money without difficulty? If you can't, better not borrow it. You're not in good company when you're among the 1 to 2 per cent of installment purchasers who convince credit men they can pay when they can't.

Are you paying high interest rates on a debt you could settle with cash from a savings account? Interest rates on some debts can be double or even triple the interest rates you get on savings.

A Michigan M.D. took out a \$900 personal loan in order to remodel his office and buy new furniture. He had to pay \$54 in nominal interest (6 per cent of \$900). Discounted in advance, it left him only \$846 to work with. Since he paid off the loan in twelve monthly installments -thus reducing his outstanding debt each month-his average debt was only about \$423. But \$54 in interest on \$423 comes to more than 12 per cent a year. He was buying money for three times more than it would have cost him to pay bills



to scratch or not to scratch

there is no question in allergic dermatoses

POLARAMINE

rapid relief of itching, associated symptoms

POLARAMINE provides unexcelled antihistaminic effectiveness with minimal dosage for your patients with allergic dermatoses. Itching, inflammation quickly cease, exudation markedly diminishes and healing commences. Your patients look better, feel better because the rapid improvement you can expect with POLARAMINE helps resolve unsightly lesions and controls itching—puts an end to uncomfortable days and sleepless nights.

For daylong or nightlong control, POLARAMINE REPETABS[®], 4 and 6 mg., afford prolonged relief, eliminate repeated taking of medication.

Also available as Tablets, 2 mg., and Syrup, 2 mg./5cc. For complete details, consult latest Schering literature available from your Schering Representative or Medical Services Department, Schering Corporation, Bloomfield, New Jersey.

POLARAMINE® Malente, brand of deschlorphenicomine malente

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WHAT'S NEW AND SPECIFIC FOR NIGHT CRAMPS

RONIACO

SAFE, SPECIFIC PERIPHERAL VASODILATOR IN THE NEW SUSTAINED-RELEASE

INCREASES AND MAINTAINS BLOOD FLOW FOR 10-12 HOURS

UNUSUALLY GOOD"1 VASODILATION Roniacol Timespan produced significant or complete relief of night cramps in a majority of patients.2 Action: specific dilation of peripheral vessels.2 Result: Roniacol increases blood flow to ischemic extremities.3-5

ONE DOSE EFFECTIVE ALL NIGHT New, sustained-release Roniacol Timespan brings convenience and protection to your patients with night cramps - precludes interrupted sleep by providing nightlong prophylaxis with a single evening dose.

NEGLIGIBLE SIDE EFFECTS Unlike sympathetic blocking agents, Roniacol is selective - produces no cardiac stimulation, no hypotension, no gastrointestinal stimulation6,7 -- may be used safely in the presence of gastritis, peptic ulcer or coronary disease. Of 264 patients on Roniacol Timespan, only thirteen experienced side effects - none of them major,2

RONIACOL TIMESPANtablets are recommended for convenience of therapy in conditions associated with deficient circulation; e.g., peripheral vascular disease, including generalized arteriosclerosis, cerebral arteriosclerosis, varicose ulcers, decubital ulcers, chilblains, diabetic endarteritis, Meniere's syndrome and vertigo due to impaired cerebral circulation.

DOSAGE: One or two Roniacol Timespan tablets in the morning and at night.

SUPPLY: Tablets of 150 mg, bottles of 50. When prolonged effects are not desired, prescribe Roniacol Tartrate Tablets, 50 mg. or Roniacol Elixir, 50 mg per teaspoonful (5 cc).

REFERENCES: 1. R. E. Sumner, Personal Communication. 2. Reports on File, Roche Laboratories. 3. E. C. Texter, et al., Am J. M. Sc., 224:408, 1952. 4. M. M. Fisher and H. E. Tebrock, New York J. Med., 53:65, 1953. 5. I. H. Richter, et al., New York J. Med., 51:1303, 1951. 6. C. M. Castro and L. De Soldati, Angiology, 4:165, 1953. 7. R. M. N. Crosby, Am. J. M. Sc., 225:61, 1953. 8. J. Dosdos and G. E. Arnold, Eye Ear Nose & Throat Month., 38:1035, 1959.

iacol@-brand of nicotinyl alcohol. Timespan®



ROCHE LABORATORIES Division of Hoffmann-La Roche Inc. Nutley 10, N. J.

with savings account funds."

Are you borrowing money for an investment that's too risky? Lenders often halt wildeyed investment schemes by turning down loans. But if the borrower puts up enough collateral, most lending institutions will supply the money—regardless of how unsound they find his project. However, if they advise against the investment, better listen to them. I've a doctor-friend who recently got involved in a "sure-fire" scheme. His home town is near a large

lake, and someone decided it would be the perfect site for a small-boat manufacturing company. It may have been, but the company soon went bankrupt. Result for the doctor: \$2,000 in savings plus \$6,000 in borrowed money—down the drain.

These are some of the points to consider before you automatically reject or accept credit. Don't be too eager to take out a loan: Some 110,034 daredevil borrowers filed bankruptcy papers last year. On the other hand, don't run scared every time a borrowing situation arises. It's wise to borrow—in the right circumstances. END

Have couch, will travel

I practice psychiatry from an office in my home. Recently I decided to take a light outdoor couch to the repair shop. I wheeled it out of the patio, down the driveway, and onto the sidewalk, intending to put it in my car for delivery to the shop. I nearly ran into a patient on his way to my office. He stopped in his tracks when he saw what I was doing, began to laugh, and said: "I've heard those jokes about psychiatrists' house calls, but I never believed they were true!"—Gerald W. Blanton, M.D.

^{*}For a full discussion of the difference in interest rates, see "Don't Be Deceived by 'Low' Interest Rates!" Oct. 12, 1959, issue.

in the wide middle region of pain

Percodan

(Salts of Dihydrohydroxy odeinone and Homatropine, plus APC)

TABLETS

fills the gap between mild oral and potent parenteral analgesics

- acts in 5-15 minutes
- relief usually lasts
 hours or longer
- toleration excellent
- ... constipation rare
- sleep uninterrupted by pain

AVERAGE ADULT DOSE

tablet every 6 hours. May be habit-forming. Federal law permits oral prescription

Also Available or greater flexiity in dosage

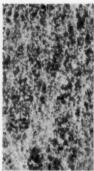
The complete
Percodan formula
but with only half
the amount of salts
of dihydrohydroxy
codeinone and
homatropine

Each Percodan
Tablet contains
4.50 mg. dihydrohy
droxycodeinone HCl
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droxycodeinone tere
phthalate (warning)
0.38 mg. homatropine
terephthalate, 224 mg
acetylsalicylic acid
160 mg. acetophenetidin, and 32 mg
caffeine

Endo

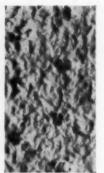
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EW "SCOTCH" BRAND SURGICAL TAPE

Macrophoto of "SCOTCH" Surgical Tape shows exclusive microporous structure of the physiologically inert adhesive and non-woven backing. Air passes through the tape freely - perspiration and exudates evaporate rapidly.



PERFORATED ADHESIVE TAPE

In contrast, conventional, nonporous tape has a thick layer of adhesive which forms an occlusive barrier that plugs the widely spaced perforations, entrans hairs and contains potentially irritating natural rubbers and resins.

TAKE A CLOSE LOOK AT A TOTALLY NEW CONCEPT IN SURGICAL ADHESIVE TAPE

Over three years in development, "SCOTCH" Brand Surgical Tape dramatically answers the traditional problems of ordinary adhesive tape, as established by clinical test in more than 1000 cases. (Golden, T., A Non-Irritating, Multipurpose Surgical Adhesive Tape, Am. J. Surg. 100: 789, 1960.) Non-occlusive: prevents usual maceration. Cool, lightweight, comfortable. Easy to tear, handle, apply. Physiologically inert: Virtually eliminates chemical irritation, even in markedly tape-sensitive patients. Easily removed: Thin, non-creeping copolymer adhesive removes without depilation, yet outholds all previous tapes. Sticks even in baths: requires fewer changes. Available now: order through your surgical supply dealer or pharmacy in usual widths, 1/2" to 3", 10-yard rolls,

SURGICAL TAPE MICROPOROUS

MINNESOTA MINING AND MANUFACTURING COMPANY

... WHERE RESEARCH IS THE KEY TO TOMORROW

"SCOTCH" is a registered trademark of 3M Co. @3M Co., 1961

Practice management



/ Keeping your prescription records
/ What to bill after-hours office patients
/ How to plan for adequate office space
/ Collecting your bills by certified mail

Answers to the following doctors' questions are supplied by a panel of two physicians, Dr. Alfred P. Ingegno and Dr. Irving M. Levitas; and four management consultants, Joseph F. McElligott, Allison E. Skaggs, Millard K. Mills, and Clayton L. Scroggins.

Question: Should I keep copies of my patients' prescriptions? Isn't it enough that pharmacists are required to keep them on file?

Answer: The law requires you to keep copies of the prescriptions you give for narcotics. But malpractice lawyers advise that you keep copies of all prescriptions. Doctors have lost court cases because they didn't do this. Writing Rxs in duplicate is easy if you have prescription pads made up with "no carbon required" originals and onionskin second sheets. If you decide that this method isn't practical for you, the panel advises that you note all medications in detail on your medical records.

Question: I practice in a fairly small town. So it's not unusual for a patient to drop by my house and make an "office call" after hours. Should I charge these patients at office-call or house-call rates?

Answer: House-call rates, by all means. The patient is requesting your services at a time when you'd normally respond only to an emergency call. It's comparable to seeing

... Practice management Q & A

him in a hospital emergency room—and you'd normally charge more for that. Probably he lives closer to your home than to your office, but he shouldn't put his convenience before yours—at no extra cost.

Question: Are there standard sizes for examining rooms, reception rooms, etc.? Before I go ahead with an office addition to my home, I'd like to be sure my rooms will be large enough.

Answer: We recommend these minimum dimensions: a reception area of 144 to 180 square feet; a consultation room at least 10 feet square, and preferably 10' x 12'; three or more examining rooms, each a minimum of 8' x 10'; and two lava-

tories providing a total of 60 square feet. Better allow your aide 120 square feet of office space—or at least 80 square feet. And you'll want storage space, at least 25 square feet. From here on, it will depend on your own special needs—e.g., space for a heating plant, laboratory, and perhaps an X-ray or minor surgery room.

Question: Is it a good idea to use registered or certified mail to send out bills to long-delinquent patients?

Answer: Not unless you want to prove the statement got there. There's no other virtue in this expensive kind of mailing. If the idea is to impress the delinquent with the importance of the bill, try the telephone. END

Hurry up slowly

I wasn't too annoyed with the elderly patient who called at 1 A.M. to request a house visit. But when he told me he hadn't been feeling well for more than two weeks, I did a slow burn. I asked him why, if he'd been sick that long, he had suddenly called me in the middle of the night. His answer disarmed me: "Don't you think it's about time?" —Benjamin Hurewitz, M.D.

new Tandearil

Geigy



a new development in nonhormonal, anti-inflammatory therapy

more specific than steroids-

Acts directly on the inflammatory lesion without altering pituitary-adrenal function . . . without impairing immunity responses. 5 11

more dependable than enzymes-

Rapid and complete absorption, without the uncertainty of oral or buccal enzyme therapy.⁸

more potent than salicylates-

Anti-inflammatory potency of Tandearil markedly superior to aspirin. 12

Remarkably useful in a wide variety of inflammatory conditions, including: rheumatoid arthritis, apondylitis, osteoarthritis'-23; gout'-4-3; acute superficial thrombophlebitis'-1; painful shoulder (peritendinitis, capsulitis, bursitis, and acute arthritis of that joint)'-1'; severe forms of a variety of local inflammatory conditions⁸⁻¹⁰

The physician should be thoroughly familiar with the dosage, side effects, precautions and contraindications of Tandearil before prescribing. Full product information available on request.

Congress of the second district of 100 mg for a part of the second district of 100 and 1000 a

new study demonstrates how

"PREMARIN" INTRAVENOUS

strengthens vascular resistance to hemorrhage

Schiff and Burn* show that extravascular action increases integrity of the vascular bed

A newly developed method of stain-

EFFECT OF "PREMARIN" INTRAVENOUS ON VASCULAR INTEGRITY

INCREASES
ACID MUCOPOLYSACCHARIDES
(chief constituents
of ground substance, the matrix
surrounding blood
vessels)

LENGTHENS POLYMERS OF ACID MUCO-POLYSAC-CHARIDES

SHIFTS SOL-GEL EQUILIBRIUM OF GROUND SUBSTANCE TO FIRMER GEL STATE

PROMOTES VASCULAR RESISTANCE TO HEMORRHAGE A newly developed method of staning acid mucopolysaccharides has provided objective evidence that one injection of "Premarin" Intravenous (conjugated estrogens, equine) strengthens the vascular bed and reinforces the capillaries and arterioles by promoting "gelling" of the ground substance in and around the vessel walls (see chart). The increased vascular resistance, combined with the action of "Premarin" Intravenous in accelerating coagulation, produces the exceptional control of hemorrhage repeatedly observed in a wide range of clinical applications.

*Schiff, M., and Burn, H. F.: A. M. A. Otolaryng. 73:43 (Jan.) 1961.

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Please send me your brochure on the use of "Premarin" Intravenous in hemorrhage control.

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Please mail this coupon for a new brochure containing complete bibliography plus more detailed information on the Schiff-Burn study and the use of "Premarin" Intravenous in hemorrhage control.



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"PREMARIN" INTRAVENOUS

the physiologic hemostat

controls bleeding promptly, safely

effective in both males and females—often within 30 minutes to 1 hour after a single 20 mg. injection...for control of spontaneous hemorrhage...pre- and postoperatively in all types of surgery

EXCERPTS FROM A FEW OF THE PUBLISHED CLINICAL REPORTS!

epistaxis "The response in all cases was dramatic..." (Menger)

T & A hemorrhage "The therapeutic use of 'Premarin' Intravenous preoperatively for the control of hemorrhage proved to be highly effective." (Fox) traumatic hyphema "...not a single incident of secondary bleeding." (Goldberg)

ocular surgery "...can be invaluable as a prophylactic measure..." (Rigg) gastrointestinal "Results were excellent..." (Shubin et al.)

prostatic surgery "...an effective, practical, and safe method of controlling excessive postoperative bleeding ..." (Bobelis)

genitourinary bleeding "... can be an important aid in the prevention and control of bleeding in urology." (Lally)

oral surgery "...usually cleared the field within five minutes." (Young)

OVER 2,000,000 INJECTIONS TO DATE WITHOUT A SINGLE REPORT OF TOXICITY

Although intravenous injection is recommended, "Premarin" I.V. may be administered intramuseularly to patients in whom intravenous injection may prove difficult, particularly in small children. Full details on dosage and administration may be found in the package insert.

Supplied: "Premarin" Intravenous (conjugated estrogens, equine)—No. 552—Each package provides: (1) One "Secule" containing 20 mg. of estrogens in their naturally occurring, water-soluble conjugated form,

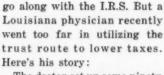
expressed as sodium estrone sulfate (also lactose 200 mg., sodium citrate 12.5 mg., and dimethyl polysiloxane 0.2 mg.); and (2) One 5 ec. vial sterile diluent with phenol 0.5% and disodium calcium versenate 0.01%.

-st-irs-d

Tax loopholes plugged in multiple trusts

Until recently, you could escape the Federal income tax on a large trust by setting it up as a number of small ones, all in the same beneficiary's name. If each trust's earnings were small enough, there was little or no tax to be paid. But a recent court decision seems to indicate that this arrangement isn't always acceptable to the Government.

The Internal Revenue Service has been trying to close this tax loophole for some time. In the past, the courts have refused to



The doctor set up some ninety—that's right, ninety—separate trusts totaling only about \$17,000. His son was the sole beneficiary of the trusts, and their income was accumulated in a single account. Yet the income from each of the individual trust funds was small enough to be completely exempt from income tax.

The I.R.S. claimed the entire set-up was a mere tax-evasion scheme. A Federal District Court agreed, finding no justification for so many nearly identical trusts. It said in effect that it would take a realistic approach to tax situations. Substance and not form should control in the application of tax laws. The Court denied the doctor any deduction for the ninety trusts.

How does this ruling affect a doctor who wants to set up a few trusts for the benefit of one person? If he wants to avoid tax trouble, he'd better not



allergy-free for months



with a one-week course of daily injections.

Whether it is pollinosis, rhinitis due to other inhalants, allergic asthma, asthmatic bronchitis in children, eczema, or food sensitivity... regardless of the number or nature of the offending allergens...a daily injection of Anergex for 6 to 8 days usually provides prompt relief that persists for months in most patients.

Anergex is nonspecific in action. Its effectiveness against most common allergens eliminates skin testing and long drawn-out desensitizing procedures. In contrast to the anti-histamines and other drugs that provide only temporary symptomatic relief, Anergex induces a prolonged allergy-free state.

Marked improvement or complete relief has been reported in over 70 per cent of more than 5,000 patients*. Anergex appears more effective when given during exposure to the offending allergens. Relief is prompt; the patient "often feels better by the time he has had 3 or 4 doses"*. Anergex is safe; no systemic reactions or side effects have been reported. Available: Vials of 8 ml.—one average treatment course. Each ml. contains 40 mg. extractives

from the Toxicodendron quercifolium plant. *WRITE FOR LITERATURE AND REPRINTS

ANERGEX®

the new concept for the treatment of allergic diseases

MULFORD COLLOID LABORATORIES



PHILADELPHIA 4, PENNSYLVANIA

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DONNAGEL's comprehensive antidiarrheal formulation gives the green light to normal activity, through its fast and dependable control of intestinal hypermotility.

Each 30 cc. (1 fl. oz.) of DONNAGEL contains:

6.0 Qm. Natural belladonna alkaloids: 142.8 mg. hyoscyamine sulfate Phenobarbital (1/4 gr.) atropine sulfate....

also available

hyoscine hydrobromide.

0.1037 mg,

0.0194 mg.

0.0065 mg.

make too many little trusts out of what is essentially one big one. The multiple-trust loophole may be considered in Congress again this year, after nearly being plugged up during the last session.

Here are some rules for you to follow if you plan to set up multiple trusts: (1) Try to show that a legitimate purpose (such as education, a trip abroad, etc.) was the reason for setting up each trust. (2) Make

sure the amounts of the trusts are not the same. (3) Appoint a different trustee for each trust fund. (4) Maintain separate accounts for each trust. (5) Be sure to keep the number of trusts you establish down to a modest number.

A final tip: Any multipletrust arrangement that the I.R.S. considers valid today probably won't be invalidated if Congress closes this tax loophole. END

YOU, TOO, CAN BE A HYFRECATOR GIRL?

The late Professor Freud would not have been annoyed By an "Economics" ad for Hyfrecation;
But can we quite prognose such shapely limbs as those,
For all of those who need its application?
Can the aged Mrs. Page find success upon the stage,

Despite a shape of rank emaciation?

Could we promise Grandma Brown that she'll be the

Talk of town if she undergoes strategic depillation? Should our patient be a male, would he not turn rather pale When presented with this nubile transformation? Yet, despite these doubts and fears,

Mr. Birtcher's girls are dears.

Pray continue, Mr. B., such titillation.

Jesse R. Freedland, M.D. 17 Sheridan Road Oakland 18, California



WIN THIS PRIZE! The Birtcher Corporation will award a new Hyfrecator and \$25.00 in cash to the author of any original Hyfrecator Girl poem accepted for publication. Watch this space for these literary gems. Send Poems to Poem Editor, Department ME-761B
The Birtcher Corporation, 4371 Valley Blvd., Los Angeles 32, Calif.

BIRTCHER - ONE QUARTER CENTURY OF HONEST VALUE ... SINCERELY PRESENTED

Medical Economics, July 17, 1961



Protects the angina patient better than vasodilators alone

The coronary patient's anxiety about his condition can easily induce an anginal attack or, in myocardial infarction, can delay recovery.

This is why Miltrate gives better protection than vasodilators alone.

Miltrate contains PETN (pentaerythritol tetranitrate), acknowledged as basic therapy for long-acting vasodilation.

Miltrate also provides Miltown, a tranquilizer which, unlike phenobarbital, relieves tension without inducing daytime fogginess.

Thus, your patient's cardiac reserve is protected against his concern about his condition; his arteries are dilated to enhance myocardial blood supply—and he can carry on normal activities more effectively.

REPERENCES: 4. Ellis, L. B. et el.: Circulation 17:945, May 1956.

8. Friedlander, H. S.: Am. J. Cardiol. 1995, Mar. 1986. 8. Ricenan, L. B. Er.: New England J. Mod. 26:1017, Nov. 18, 1996. 4. Ruceck, H. L. et al.: Circulation 12:109, Aug. 1955. 6. Ruceck, H. L. am. J. Cardiol. 1947. April 1996. 6. Tortora, A. R.: Delavare M. B. J. 50:209, Oct. 1956.

7. Waldman, S. and Pelner, L.: Am. Pract. & Digest Treat. 8:1075, July 1957.

Supplied: Bottles of 50 tablets. Each tablet contains 200 mg. Milsown and 10 mg. pentacrythritol tetranitrate.

Decage: 1 or 2 tablets q.i.d. before meals and at bedtime, according to individual requirements.

Miltrate®

WALLACE LABORATORIES / Cranbury, N. J.

His reminder notices do more than remind

In building goodwill and helping him practice better medicine, this doctor's method of reminding patients when it's time for a check-up has paid off handsomely

By Arthur C. Lawrence, M.D.

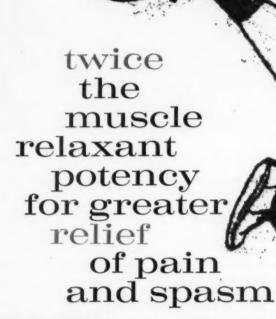
"I'm sure I'm wasting your time, Doctor," said the attractive, middle-aged woman as she sat down by my desk. "I've been feeling fine! If you hadn't sent that reminder card, I certainly wouldn't be here."

Her visit was hardly a waste of time. It resulted in a Class III vaginal smear, a biopsy report of carcinoma, and physical findings indicative of early Stage I. She was surgically treated—and today is an eight-year survival without evidence of disease.

The reminder card she referred to is something I now send routinely to all my patients. And unless it violates local custom or medical society decisions, I feel strongly that other practitioners should use reminders too.

I'm an OB/gyn. man in Paterson, N.J. I began sending my cards ten years ago, after I'd discovered that patients sincerely appreciate being reminded when it's time for a periodic check-up. I'd also realized three other things:

(1) Patients are generally unaware that many asymptomatic conditions can be found through a routine physical examination.
 (2) Patients who think they're in good health won't come to see a doctor unless reminded regularly to do so.
 (3) Thus, periodic



NEW PARAFON

Combining a superior skeletal muscle relaxant¹⁻⁸ with a preferred musculoskeletal analgesic, ¹⁻³ new Parafon Forte rapidly relieves both stiffness and associated pain of strains or sprains resulting from trauma or too-vigorous, unaccustomed exertion. Parafon Forte facilitates recovery by improving function. Parafon Forte is equally effective in other musculoskeletal disorders, such as myositis, whiplash injuries, low back pain, and fibrositis. Side effects are rare, almost never require discontinuation of therapy.

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FORTE PARAFLEX® Chlorzoxazone* 250 mg. TYLENOL® Acetaminophen 300 mg.

Dosage: Two tablets q.i.d. Supplied: Scored, light green tablets, imprinted "McNeil," in bottles of 50.

References: (1) Settel, E.: Clin, Med. 6:1373, 1959. (2) Peak, W. P., and Smith, P. T.: Penn. Med. J. 63:833, 1960. (3) Mayle, F. C.; Sullivan, P. D., and Auth, T. L.: Med. Ann. D. C. 28:499, 1959, 1959, L. A.: Med. Clin. N. Amer. 41:1517, 1957. (5) Batterman, R. C., and Grossman, A. J.: J.A.M.A. 159:1619 (Dec. 24) 1955.

*U.S. Patent No. 2,895,877

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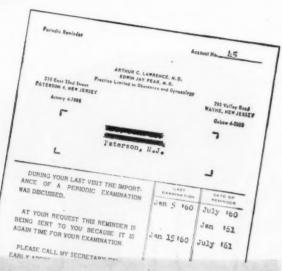
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omed AFON sitis,

most

... Your patients



Dear Doctor:

Thank you for your remember.

I live in Manchester, Vt. now but have not contacted an Mr. D. for myself yet. Since I am in M. J. often on business, I'll call your secretary next to ed, a and make a

Above: an example of the author's reminder cards. Below: A patient who no longer lives in town thanks the doctor for reminding her to return for a check-up and promises to do so—from Vermont.

reminders are good preventive medicine.

Ten years ago, there was widespread doubt in the profession about the propriety of sending reminders. "It's pure business solicitation," growled one senior surgeon I asked about it. "Patients will think it's nothing but a money-making scheme." And I knew that according to some medical socieare opiates now outmoded in pediatric diarrhea?



the first pharmacologically-specific, non-narcotic antiperistaltic agent — controls diarrhea as rapidly and effectively as opiates — without the undesirable properties of opiates — pleasant butterscotch flavor

AND WHEN THE DIARRHEA IS BACTERIAL IN ORIGIN

Entoquel Neomycin syrup

(Complete information regarding the use of Entoquel Syrup and Entoquel with Neomycin Syrup is available on request.)

Supplied: Entoquel Syrup – each 5 cc. contains 5 mg. thihexinol methylbromide, bottles of 6 oz. Entoquel with Neomycin Syrup – each 5 cc. contains 5 mg. thihexinol methylbromide and 50 mg. neomycin (from the sulfate), bottles of 6 oz. Available on Rx only.

Traite.

WHITE LABORATORIES, INC., Kenilworth, New Jersey

ties such notices were unethical.

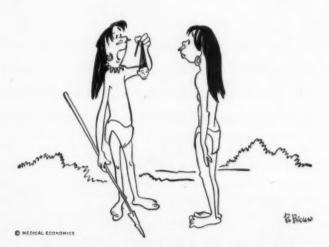
But other colleagues scoffed at this negative attitude. A G.P. pointed out that since protection of the patient was the whole reason for medical ethics, reminder notices could hardly be unethical. He thought, too, they were great for patient relations. "They show a patient you haven't forgotten him," he said. Then he added: "But be sure to ask patients first whether they want to be reminded. If they say yes—and they always

will—no one can criticize you.

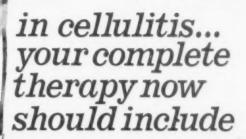
After all, you're just obliging them."

Such counsel encouraged me to go ahead with my reminder notices. At first, I used a small index card to record the patient's name, address, date of last visit, and date she was due for a check-up. These cards were filed according to check-up date. Each month my aide would mail a form letter to patients due that month.

This system took time but



"Back in the States, they get fifty bucks an hour for this."



STREPTOKINASE-STREPTODORNASE LEDERLE

buccal tablets to shorten recovery time/provide as mootherconvalescence

> VARIDASE reduces inflammation, swelling, and pain by stimulating early fibrinolysis medication and natural regenerative factors readily penetrate the site to accelerate the healing process. A more comfortable convalescence, with a more rapid return to normal activities, is the result.

Precautions: VARIDASE has no adverse effect on normal blood clotting. Care should be taken in patients on anticoagulants or with a deficient coagulation mechanism. When infection is present, VARIDASE Buccal Tablets should be given in conjunction with antibiotics.

Dosage: One buccal tablet four times daily usually for five days. To facilitate absorption, patient should delay swallowing saliva.

Supplied: Each tablet contains 10,000 Units Streptokinase, 2,500 Units Streptodornase. Boxes of 24 and 100 Tablets.

LEDERLE LABORATORIES, a Division of AMERICAN CYANAMID COMPANY, Pearl River, New York



WARNING

Salesmen of several so-called publishers' service companies and bookkeeping record companies have been representing themselves to physicians as having a connection with Medical Economics, Inc. They have been offering "subscriptions" to MEDICAL ECONOMICS and "consultation services" by the magazine's staff. Such offers constitute out-and-out misrepresentations or fraud. Medical Economics. Inc., employs no subscription salesmen, offers no magazine subscription package deals, sells no consultation service. Therefore, any physician who is asked by a salesman in the name of Medical Economics, Inc., to buy any service whatever is urged to notify both his local Better Business Bureau and Medical Economics, Inc., Oradell, N.J.

was well worth it. Some 70 per cent of my patients saw me within two months of receiving the letter; 95 per cent of my postpartum patients returned on time for their six-week examinations, the remainder within eight weeks. And among them all, I diagnosed and treated many minor and several major asymptomatic conditions.

My present system evolved with the dry-heat copying process my associate and I use for billing. Each month, my aide takes out the appropriate reminder cards. We've standardized them now (see page 162). Then she runs them through the copying machine and mails the copies in prestamped win-

laughable

If this word describes an experience you've had in the course of your practice, why not share the story? For each anecdote accepted, MEDICAL ECONOMICS pays \$25 to \$40. Address: Anecdotes Editor, Medical Economics, Inc., Oradell, N.J.



was also noted in other antirheumatic indices, i. e., pain on motion, tenderness, swelling and morning stiffness.1

Supplied: as 0.75 mg. and 0.5 mg. scored, pentagon-shaped tablets in bottles of 100. Also available as Injection DECADRON Phosphate and new Elixir DECADRON. Additional information on DECADRON is available to physicians on request. DECADRON is a trademark of Merck & Co., Inc.

Reference: 1. Bunim, J. J., in Hollander, J. L.: Arthritis and Allied Conditions, ed. 6, Philadelphia, Lea & Febiger, 1960, p. 364.



MERCK SHARP & BOHME Division of Merck & Co., INC., West Point, Pa.

TREATS MORE PATIENTS MORE EFFECTIVELY

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dow envelopes. When a patient comes in for her check-up, my secretary pulls her chart. The month marked on the folder's corner tells her where the reminder card is filed. When the examination is completed, the card is given a new follow-up date and refiled accordingly.

All this is predicated on my having asked the patient whether she wants to be notified when her next check-up is due.* My G.P. friend was right: The answer is invariably yes. You'll notice that my card reads "At your request . . ."

In two types of cases, postoperative and postpartum, I don't bother to ask whether the patient wishes a reminder. I automatically send her one if she fails to make an appointment immediately after leaving the hospital. But I don't send a reminder notice to a referred patient at all, unless her own physician has asked me to do so.

How often do I mail out these notices? Every six months to

patients over 30 and once a year to those under 30. If the patient doesn't respond, I send her a second notice in six months. This one reminds her she hasn't had a check-up in a year or eighteen months, depending on her age. If she doesn't respond to a third notice—sent in another six months—then the card and chart are placed in my inactive file.

As I've said, patients do seem pleased with periodic reminders. A typical remark: "I'd never have realized so much time had passed since my last visit if you hadn't reminded me." One patient told me: "Your reminders are so reliable that I count on them to tell me when it's time to make other periodic appointments!"

Reminders are also a great help to me professionally. They enlighten me about my practice: If a patient hasn't returned, the reminder notice often persuades her to explain why she hasn't. They help keep my files active. And they allow me to practice preventive medicine with an efficiency otherwise impossible. END

One Philadelphia doctor gives this procedure more personal impact by handing the patient an envelope to address to herself. "My aide will mail you a card at the proper time," he tells the patient.

VITAMINS ARE THERAPY STRESSCAPS

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LEDERLE LABORATORIES, A Division of AMERICAN CYANAMID COMPANY, Pearl River, N. Y.

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new Azo-Mandelamine

in common lower urinary infections



controls urinary infection without producing resistant mutants



relieves urinary pain in 30 minutes



effective against most urinary pathogens



active only in the urinary tract



sensitization and other systemic reactions do not develop



well tolerated



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Financial briefs

Medical Economics, July 17, 1961

TAX INFORMERS are currently less likely to accuse you of evasion. Although the I.R.S. paid \$522,607 to 758 informers last year, it now gets fewer complaints from reward-seeking tattlers.

WHAT'S YOUR HOME WORTH? Somewhere between \$30,000 and \$40,000 if you're a typical M.D., a Fisher-Stevens survey shows. The results also show that two out of ten M.D.s who had home decorating done in a recent year spent between \$2,000 and \$5,000; the rest spent less.

WILL YOUR EXECUTOR BE ON HAND to settle your estate? Better make sure. If his health is poor or he's moved away, the court may have to hold up settlement while a new executor is appointed. A sound plan: Next time you check your will, name a trust company as co-executor.

IF YOU'RE THINKING OF RELOCATING, now's a good time to look for an apartment or office rental unit. In many areas, they're being built at a rate that's outpacing the demand. As tenant, you'd stand to benefit through lower rents, free decorating, and other inducements.

HOW FAST IS YOUR INCOME RISING? Not as fast as you might think. You'd have had to earn \$26,552

... Financial briefs

before taxes last year to equal the buying power of \$20,000 earned in 1948. What if you earned \$50,000 in the earlier year? Then, says U. S. News & World Report, you'd have needed \$73,231 to match its buying power in 1960.

A BIG LIABILITY CLAIM could flatten you if your aide's auto insurance lapsed or proved inadequate. Here's how: Suppose she had an accident in her own car while on an errand for you. Both she and you could be held liable for any damage or injury that resulted. Rx: Add "nonowner liability" to your own policy.

IF OVERPRICED STOCKS are keeping you out of the market, they needn't, brokers point out. Issues selling at 50 to 80 times earnings are doubtful; but you can still find some good values for income. These have price-earnings ratios of 12 to 14 and yield 5 to 6%: Allied Stores, Best & Co., Liggett & Myers, and Rockwell-Standard.

EARLY RETIREMENT WILL BE EASIER for you now if you're eligible for Social Security. Congress has voted to allow men, as well as women, the option of retiring at 62 with 80% of their earned benefits. About 40% of all physicians are already covered, according to F.J.L. Blasingame, A.M.A.'s executive vice president.



Quietude for the Hypertensive

Like relaxing beside a tranquil pond, BUTISERPINE® gives the hypertensive relief from himself, from his worries, from his tensions.

BUTISER PINE gently lowers blood pressure, through a conservative, safe amount of reserpine (0.1 mg. per tablet) and induces calmness without lethargy, with the non-cumulative, smooth "daytime sedative" BUTISOL SODIUM® butabarbital sodium (15 mg. per tablet).

Available as: Butiserpine Tablets, Elixir, Prestabs[®] Butiserpine R-A

McNEIL

McNEIL LABORATORIES, INC., Fort Washington, Pa.

Notable Success with VISTARIL...

allays anxiety without impairing reduces narcotic requirements and incidence of narability to cooperate during labor and delivery¹ cotic-induced respiratory depression, helps control emesis*** allays anxiety without adverse helps correct cer-tain functional influence on blood pressure² arrhythmias, does not increase gas-tric secretion allays anxiety — makes patient produces no significant depresmore manage pressure, pulse rate, or respiration. No liver reported reduces incidence of narcotic-inallays anxiety without depression of vital funcduced respiratory tions* depression and hypotension, relaxes skeletal muscle, smooths recovery and helps control allays tension avoids danger of liver damage or other untoward in agitated, hyperkinetic patients reactions References: 1. Benson, C., and Benson, R. C .:

References: 1. Benson, C., and Benson, R. C.: Scientific Exhibit, Illinois Acad. Gen. Practice, Sept., 1960. 2. Salmons, J. A.: Dis. Chest 38:105, 1960. 3. Major, R. A.: GP. 21:104, 1960. 4. Grady, R. W., and Rich, A.L.: Scientific Exhibit, Am. Soc. Anesth., New York, Oct. 4-7, 1960.

IN BRIEF

Vistaril is hydroxyzine pamoate. The hydrochloride salt of hydroxyzine is used in the parenteral solution.

Vistaril acts rapidly in the symptomatic treatment of a variety of neuroses and other emotional disturbances manifested by anxiety, apprehension or fear—whether occurring alone or complicating a physical illness. Used preoperatively and prepartum, Vistaril controls anxiety and fear, permits a substantial reduction in the amount of meperidine or other narcotic required for satisfactory analgesia, and helps prevent emesis. Vistaril's calming effect usually does not impair discrimination, and is accompanied by direct and secondary muscle relaxation. No toxicity has been reported with Vistaril, and it has a remarkable record of freedom from reactions.

INDICATIONS: Vistaril is clinically effective in anxiety and tension states, sensility, anxiety associated with various disease states, alcoholism, pre- and postpartum and pre- and postoperative tension and emesis, certain functional arrhythmias,

and pediatric behavior problems.

ADMINISTRATION AND DOSAGE: Dosage varies with the state and response of each patient, rather than with weight and should be individualized by the physician for optimum results. Recommended oral dosage: In anxiety and tension states, senility, alcoholism, pre- and postoperative and pre- and postpartum tension and emesis: up to 400 mg. daily in divided doses. In anxiety associated with asthma, neurodermatoses, menopausal syndrome, digestive disorders, functional or essential hypertension, tension headaches: 50 mg. q.i.d. initially-adjust according to response. In cardiac arrhythmias: initial-25 mg. q. 6 h. until arrhythmia disappears; maintenance or prophylactic — 50-75 mg, daily in divided doses. In pediatric behavior problems under 6 years: 50 mg. daily in divided doses. Six and over: 50-100 mg. daily in divided doses. Recommended parenteral dosage: In preoperative, obstetrical, and more emergent situations in other indications: 25-100 mg. I.M. or I.V. q. 4 h., p.r.n. In cardiac arrhythmias: 50-100 mg. I.M. stat, and q. 4-6 h., p.r.n.; maintain with 25 mg. b.i.d. or t.i.d.

SIDE EFFECTS: Drowsiness may occur in some patients; if so, it is usually transitory, disappearing within a few days of continued therapy or upon reduction of dosage. Dryness of mouth may be encountered at higher doses.

PRECAUTIONS: The potentiating action of hydroxyzine should be taken into account when the drug is used in conjunction with central nervous system depressants. Do not exceed 1 cc. per minute I.V. Do not give over 100 mg. per dose I.V. Parenteral therapy is usually for 24-48 hours, except when, in the judgement of the physician, longer-term therapy by this route is desirable.

SUPPLIED: VISTARIL Capsules (hydroxyzine pamoate)—25, 50, and 100 mg. VISTARIL Oral Suspension (hydroxyzine pamoate)—25 mg. per 5 cc. teaspoonful. VISTARIL Parenteral Solution (hydroxyzine hydrochloride)—10 cc. vials, 25 mg. per cc.; 2 cc. ampules, 50 mg. per cc.

More detailed professional information available on request.

for successful tranquilization -

Vistaril^a

ORAL/HYDROXYZINE PAMOATE PARENTERAL/HYDROXYZINE HYDROCHLORIDE

effectively allays anxiety

no reported incidence of liver damage, respiratory depression or addiction

exerts helpful antiemetic, antisceretory, antipruritic effects

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Brooklyn 6, New York

What to tell your

How can he best fulfill his military obligations? Of the many alternatives, service immediately after high school is apt to be the least desirable answer

By James Joyce Donahue



A G.P.'s son, Robert D. Lynch, finishes up some lab work at the University of Nebraska Medical School. He's counting on deferments to see him through.

draft-age son

If your boy is turning into a man, girls may be only one of his problems. A fellow named Uncle Sam is probably on his mind, too. Uncle Sam wants him, and your son probably wants some advice. So you'd better brief yourself on the intricacies of the peacetime draft. And rest assured: He can go to college safely.

Your son must register for the draft within five days after he reaches 18. He's theoretically eligible for induction six months later. In practice, though, he probably won't be called until his twenty-third birthday. This is true in most states, and the policy is expected to last "through the foreseeable future," according to Selective Service spokesmen.

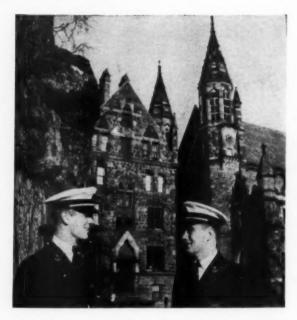
How can your son fulfill his military obligations with minimum interruption of his career? It may occur to him that he'd better ask to be drafted right away—a request the draft boards are usually glad to comply with. Drafting means about two years' active duty in the Army, two more years in the ready reserve, and two more in the stand-by reserve.* But will early service really benefit future schooling? Though some fathers think so, a good many doctor-fathers feel otherwise. In fact, they feel that immediate service is the least desirable way of fulfilling military obligations. There are better ways to solve the young man's problem-better because they can be combined with college. For example:

Reserve Officers' Training Corps. A reserve commission in one of the services may interest your son. If so, he may join the R.O.T.C. in college and postpone his active duty until he completes his schooling.

Most colleges and universities have either an Army or an Air

^{*}Ready reserve requires attendance at weekly drills plus two weeks' summer camp service annually. Stand-by reserve requires neither drills nor summer camp.

... Your family



The eldest of an internist's seven children, Peter Cressy, 19 (left), is attending Yale through the Naval R.O.T.C. He plans to make the Navy his career.

Force R.O.T.C. unit. In their junior and senior years, cadets receive an annual salary of about \$250. Both services require their student-members to spend several hours a week on the drill field and in military classrooms. In addition, R.O.T.C. demands six weeks' training at a military base during the summer preceding senior year.

Caution your son to examine each R.O.T.C. program carefully. There are major differences. The Air Force prefers young men interested in becoming pilots or navigators, and it expects its officers to serve up to five years after college. By contrast, the Army has a special need for infantry and artillery officers, and such commissions often re-



New diuretic-tranquilizer for

congestive failure

- Controls edema
- · Relieves anxiety

Miluretic combines hydrochlorothiazide and Miltown in a single tablet, making treatment simpler for you and more economical for your-patient.

Miluretic's hydrochlorothiazide component provides smooth, continuous diuresis to control edema, while its Miltown component relieves the anxiety associated with congestive failure — with an outstanding degree of safety.

Economy A prescription for Miluretic is more than 20% cheaper than its two ingredients prescribed separately.

Composition: 25 mg. hydrochlorothiazide + 200 mg. Miltown (meprobamate). Desage: For congestive failure, 2 tablets four times a day. For hypertension, 1 tablet four times a day. Supplied: Bottles of 50 white, scored tablets.

new Miluretic

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Ontroducing "PLEGINE"

new, potent appetite-suppressant

"Plegine" provides strong appetite suppression, yet does not penalize the patient with disturbing side effects.

An average weight loss of more than a pound per week has been shown clinically—even without dietary restriction. Weight loss has been obtained with virtual absence of CNS and cardio-vascular complications. No significant effect on heart rate, blood pressure, and respiration has been reported. Episodes of nervousness and insomnia have been rare and usually minor.

"Plegine" truly offers:

FIRM APPETITE DISCIPLINE WITH A "VELVET TOUCH"

"PLEGINE" provides unique benefits in the management of obesity

- · suppression of appetite readily and easily achieved
- significant weekly weight loss recorded clinically
- virtually no effects on blood pressure, pulse, and respiration
- · low incidence of nervousness and insomnia
- no tolerance reported to date
- · high degree of patient acceptability

DOSAGE AND ADMINISTRATION: The usual suggested dosage is 1 tablet b.i.d. or t.i.d., one hour before meals. Dosage, however, should be adjusted to the needs of the patient. In some cases, ½ tablet per dose will suffice; in others, 2 tablets b.i.d. or t.i.d. may be required. A dietary regimen is advisable in conjunction with appetite-suppressant therapy.

AVAILABILITY: No. 755—Each "Plegine" Tablet contains 35 mg. of Phendimetrazine bitartrate (scored), bottles of 100 and 1,000.

CAUTION AND CONTRAINDICATIONS: No adverse effects on blood pressure, heart rate and respiration have been reported with "Plegine." However, as is true for all medication of this type, "Plegine" is not recommended for patients with coronary disease, severe hypertension, or thyrotoxicosis, and should be used with caution in highly nervous or agitated individuals.



...Your family

quire no more than six months' active duty. The rules are always changing, so it's important for your son to keep an eye out for R.O.T.C. notices on school bulletin boards.

Naval R.O.T.C. Perhaps the best military opportunity is the Naval R.O.T.C. program, which will actually pay a large part of your son's college expenses. There are two major drawbacks. The program accepts only a limited number of candidates, chosen by highly competitive examinations.* And Naval

*Given every year to interested high school seniors.



Another internist's son, Andrew J. Spinelli, enlisted in the Army's six-month program after graduation from Waynesburg College. He's completing his basic training program at Fort Knox, Ky.



AND THE REST IS EASY! Noctee (Squibb Chloral Hydrate) invites refreshing sleep—gently, safely.

Doeage: Adults-1 or 2 (500 mg.) (7½ gr.) capsules or 1 or 2 teaspoonfuls of Noctec Solution 15 to 30 minutes before bedtime. Children-for hypnosis-25 mg. per lb. of body weight; for

sedation, 5 to 10 mg. per lb. of body weight. Supply: 500 mg. (7½ gr.) and 250 mg. (3½ gr.) capsules. Solution, 500 mg., (7½ gr.) per 5 cc. teaspoonful.

'HOCTEC'S IS A SQUIBB TRADEMARK.

For full information, see your Squibb Product Reference or Product Brief.



Squibb Quality

Squibb Quality-the Priceless Ingredient Uncomplicated...

Bonine basic for "morning sickness"





- •effectiveness and toleration a matter of record •free from occurrence of diverse metabolic effects
- •bedtime dosage provides up to 24 hours' protection

Science for the world's well-being Pfizer PFIZER LABORATORIES Division, Chas. Pfizer & Co., Inc. New York 17, N.Y.

... Your family

IN BRIEF BONINE (meclizine hydrochloride), an antinauseant-antiemetic compound with antihistaminic and anticholinergic properties, is especially valuable in the symptomatic relief of nausea and vomiting of pregnancy. Additional indications are motion sickness, radiation sickness, vertigo associated with Ménière's syndrome, labyrinthitis, fenestration procedures, vestibular dysfunction, and dizziness associated with cerebral arteriosclerosis.

ADMINISTRATION AND DOSAGE: For control of nausea and vomiting of pregnancy, a single dose of 25 to 50 mg. at bedtime is usually effective. For dosage schedules in other indications, see product brochure.

SIDE EFFECTS: The side effects reported in association with BONINE have been uncomplicated, mild and/or transient and consist of occasional drowsiness, dryness of the mouth, and blurred vision. There are no known contraindications to BONINE.

PRECAUTIONS: As with other antihistaminic compounds, the physician should inform patients of the need for caution in driving a car or when engaged in other activities requiring alertness.

SUPPLIED: BONINE Tablets, scored, tasteless, 25 mg. BONINE Chewing Tablets, mint-flavored, 25 mg.

More detailed professional information available on request.



Medical Economics, July 17, 1961

R.O.T.C. units are found on relatively few campuses.

Officers' Candidate School. Even if your son doesn't join his college's R.O.T.C. unit, he can still obtain a commission. The Navy and Coast Guard accept a limited number of college seniors in their Officers' Candidate Schools immediately after they graduate. The other armed services also have officers' training programs, but only for those who have completed basic training. One drawback: O.C.S. will add at least a year to your son's military commitment. If he decides not to apply for Officers' Candidate School, the college graduate's best bet is the sixmonth reserve program.

The reserve and National Guard programs: These require only six months' active duty after graduation. (Some Air National Guard units demand only seven weeks' basic training.) This is followed by weekly drills and annual two-week encampments for the rest of the sixyear enlistment period. If your son looks around, he may be able to find a reserve unit engaged in some specialized work like mili-

Safe & Sound

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Patients sleep safely, soundly with Doriden

Sleep is safe as well as sound with Doriden. Because 5 years of clinical experience have proved its wide margin of safety, Doriden has become the most widely prescribed nonbarbiturate sedative. Since its introduction. the clinical safety of Doriden - in terms of minimal side effects1.2 and lack of adverse or toxic effect on respiration,3,4 liver,5 kidney,1,5 and blood1,5 - has been repeatedly confirmed in published reports. For example, Weston⁶ concludes: "Doriden was administered to 415 patients during a period of one year. The drug is a safe and effective hypnotic in doses ranging from 0.25 to 0.5 gm, and produces six to eight hours of sleep." All the benefits of safe and sound sedation come with a prescription of Doriden.

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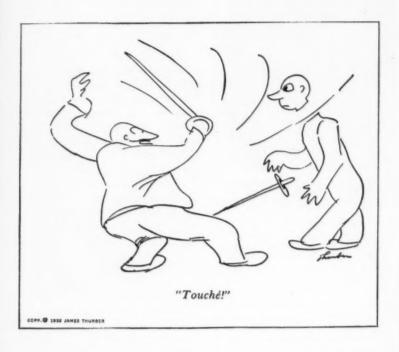
References: 1. Blumberg, N., Everts, E.A., and Goracci, A.F.: Pennsylvania M.J. 59:808 (July) 1956. 2. Matlin, E.: M. Times 34:66 (Jan.) 1956. 3. Hodge, J., Sokoloff, M., and Franco, F.: Am-Pract. & Digest Treat. J0:473 (March) 1959. 4. Burres, H.M., and Borromeo, V.H.J.: J. Urol. 76:456 (Oct.) 1956. 5. Lanc, R.A.: New York J. Med. 52:2343 (Aug. 15) 1955. 6. Weston, D.T.: Journal-Lancet 76:7 (Jan.) 1956.

Per complete information about Doriden (including dosage, cautions, and side affects), see 1961 Physicians' Desk Reference or write Clas, Summit, N.J. scicians' Desk Reference or write Clas, Summit, N.J.

tary intelligence. Although such units are rather selective and limited in size, a college degree improves one's chances considerably. The law prohibits any reserve unit from accepting a person who has already received his draft notice; so it's a good idea to join before graduation, or soon thereafter. Local reserve headquarters will furnish a list of all units in the immediate area.

All these are good ways for solving the problem of military service. There's another good way that's so simple it's often overlooked: getting yearly college deferments on the basis of good grades. Theoretically, class standing is used as a criterion. But in actual practice, passing grades are sufficient to win this kind of deferment. Once a boy accepts a college deferment, however, he's liable to be drafted up to the age of 35.

If your son plans to enter medicine, he may never have to serve unless he volunteers through an R.O.T.C. or similar program. He'll easily receive the annual deferments in college. Theoretically, he could be draft-



For a better way to treat headache, prescribe. Trancoprin®





It's good medical economics to prescribe Trancoprin for a patient in pain, because it will get him back on the job fast. Trancoprin is the analgesic that relaxes skeletal muscle spasm and reduces tension while it dims pain perception. It has proved to be effective against many different kinds of pain.

Trancoprin is available in white tablets containing 300 mg. of aspirin and 50 mg. of Trancopal® (brand of chlormezanone).

Dosage: Adults, 2 tablets three or four times daily; children (5 to 12 years) from 50 to 100 mg. three or four times daily.

Winthrop LABORATORIES
New York 18, N.Y.

18649

ed out of medical school. But at present medical students are not being drafted.

Only 168 M.D.s—all of them under 26—will be drafted during the fiscal year ending June 30, 1962, according to Selective Service. Most of them will be assigned to either the Air Force or the Navy. And after draft notification, a doctor can, if he wishes, receive a ninety-day postponement while he applies for an officer's commission. The Defense Department gives about 5,000 direct commissions each year to qualified physicians.

Is your son headed for the bar? The armed forces have always needed lawyers, and a special opportunity exists for the bright young man planning a legal career. Not only would he get his annual deferments to finish law school; he'd also be allowed to apply for a direct commission in the legal arm of any one of the services.

As for other fields of learning, very few opportunities exist for direct commissions. But a graduate student can probably postpone active service at least until

Medical Economics, July 17, 1961



iron utilization improves the picture

In the "secondary" anemias due to chronic disease or infection, iron alone is often ineffective since its utilization is impeded by depressed bone marrow activity. However, RONCOVITE® MF (cobalt-iron) has proved notably effective in these iron-refractory anemias because of the unique marrow-activating effect of cobalt-created erythropoietin, the hormone which controls the rate of erythropoiesis. Thus, RONCOVITE-MF improves iron utilization and produces rapid increases in hemoglobin and red

blood cell formation. Each tablet contains: Cobalt chloride, 15 mg. (cobalt as Co, 3.7 mg.) and ferrous suifate exsiccated, 100 mg. V-014-61 119-R

Each tablet RONCOVITE mf

LLOYD BROTHERS, INC.

he receives his master's degree. One big hurdle: Graduate students over 25 usually find the local draft board uncooperative unless they're specializing in some critical area such as nuclear physics or Russian studies.

If your son insists on serving his country before going to college, he'll probably do better to enlist rather than wait for the draft. He'll have to decide, however, between regular enlistment and reserve enlistment.

Reserve enlistment offers short terms of active duty, but it often requires a waiting period of several months. The various National Guard and reserve units all offer some variation on the same basic program: six months' active duty (perhaps less if it's the Air National Guard) generally followed by five and a half years in the ready reserve.

Regular enlistment normally poses no waiting problem, but it

Here are three good reasons why you should write "Raudixin" in the treatment of high blood pressure:



I. Rigorous pharmacognostic examinations eliminate substandard Rauwolfia species and establish uniformity of the product.



2. Safety verified by toxicity tests.



3. Every Raudixin tablet to reach your patient meets the high Squibb standards for effectiveness, potency and uniformity.

For full informations your Squibb Product Reference or Product Brief. Raudixin

Squibb Quality - the Priceless Ingredient



Squibb Standardized Whole Root Rauwolfia Serpentina

Supply: 50 and 100 mg. tablets.

'Raudixin's is a Squibb trademark.

have you heard, Doctor? Chymoral cuts healing time in respiratory inflammation

By subduing the inflammatory reaction of respiratory tract tissues, Chymoral liquefies thickened bronchial secretions and affords easier expectoration of mucus plugs. In a series of 48 patients with bronchial asthma, 44 were afforded relief with

Chymoral therapy that was judged "good to excellent." In chronic obstructive emphysema, Chymoral has improved both vital capacity and the ability to expectorate without severe, racking cough effort.2 And in sinusitis or rhinitis there is a definite reduction of inflammation and edema of the nasal and sinal mucosa, along with improved airflow.2,3

controls inflammation, curtails swelling, curbs pain

1. Taub, S. J.: Clin. Med. 7:2575, 1960. 2. Clinical Reports to the Medical Department, Armour Pharmaceutical Company, 1960. 3. Billow, B. W.; Cabodeville, A. M.; Stern, A.; Palm, A.; Robinson, M., and Paley, S. S.: Clinical Experiences with Oral Anti-inflammatory Enzyme for Intestinal Absorption. Southwestern Med.

CHYMORAL

Chymoral is an ORAL anti-inflammatory enzyme tablet specifically formulated for intestinal absorption. Each tablet provides enzymatic activity, equivalent to 50,000 Armour Units, supplied by a purified concentrate which has specific trypsin and chymotrypsin activity in a ratio of approximately six to one. ACTION; Reduces inflammation of all types; reduces and prevents edema except that of cardiac or renal origin; hastens absorption of blood and lymph extravasates; helps to liquely thick tenacious mucous secretions; improves regional circulation; promotes healing; reduces pain. INDICATIONS: Chymoral is indicated in respiratory conditions such as asthma, bronchitis, rhinitis, sinusitis, in accidental trauma to speed absorp-tion of hematoma, bruises, and contusions; in inflammatory matoses to ameliorate acute inflammation in conjunction with standard therapies, in gynecologic conditions such as pelvic inflammatory disease and mastitis; in obstetrics as episiotomies and breast engorgement; in surgical procedures as biopsies, hernia repairs, hemorrhoidectomies, mammectomies, phiebitis and thrombophiebitis; in genitourinary dis-orders as epididymitis, orchitis and prostatitis; in dental and oral surgery as fractures of the mandible or maxilla, difficult or multiple extractions, and alveolectomies. CONTRAINDICA-TIONS: None known. INCOMPATIBILITIES: None known. Antibiotics as well as generally accepted measures may be coadministered. SIDE EFFECTS: Mild gastric upsets, rarely encountered. DOSAGE: Recommended initial dose is tablets q.i.d.; one tablet q.i.d. for maintenance. SUPPLIED; Bottles of 48 tablets.

ARMOUR PHARMACEUTICAL COMPANY

Armour Means Protection

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CHYMORAL ORAL systemic anti-inflammatory enzyme tablet

192

does add to the length of service. If your son chooses the Army, he can expect three years' active duty, one in the ready reserve, and two in the stand-by reserve. The Navy, Coast Guard, and Air Force will keep him four years in active, one in ready, and one in stand-by. The Marine Corps calls for three active, two ready, and two stand-by.

What, then, is the best course for your son? It seems clear that under present regulations he can practically write his own ticket. Unless he volunteers for the draft or enlists in the regular or reserve forces, he can swing his college deferment just by passing his courses. The future will then be solved in one of the ways I've mentioned: R.O.T.C., Officers' Candidate School, a six-month reserve program after graduation, a special commission as doctor or lawyer. or post-graduate draft/enlistment.

Help your son decide on his military path before it's too late to get what he wants—in senior year at prep school or freshman year at college. Early planning will give the widest choice. END

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Here's how to save on life insurance

There are a number of ways to lower the cost of life insurance premiums. The best method for you depends on how much insurance you need and how much money you can afford to pay out in premiums at one time. These three basic rules will help you select the right policy or policies:

 If you can afford to pay one big premium a year, you can save as much as 6 per cent annually over the cost of paying monthly premiums.

2. If you need \$10,000 or more in coverage, carry it in a single policy rather than a lot of small ones. Many insurance companies offer discounts to buyers of \$10,000 policies. But most reserve their best rates for policies starting at \$25,000.

3. If you can't easily meet one big annual bill for all the life insurance you need, you can compromise on the two rules above: Either buy a single big policy on which you pay premiums several times a year, or buy several smaller policies on each of which you pay once a year at different times. Which compromise you should pick depends on how much insurance you need. Suppose your budget won't permit the one-annualpremium idea, yet you decide you want coverage of:

¶\$10,000. Should you buy it in several small policies, each payable annually at different times of the year? No. You'll nearly always save more if you buy a \$10,000 "special," and have the premium divided into semi-annual or quarterly payments.

¶\$25,000. The same principle applies if you want this much coverage. But pick a \$25,000 "special."

\$50,000. For this amount of coverage, your best solution is generally two \$25,000 "specials," each with a single annual payment. But stagger them so that the bills arrive six months apart. If this is too tough on your budget, the next best approach is to split your coverage among five \$10,000 "specials," each with a single annual payment. Stagger the five policies



Kills pain....stops tension

For neuralgias, dysmenorrhea, upper respiratory distress and postsurgical conditions—new compound gives more complete relief than other analgesics

New nonnarcotic analgesic

soma Compound

Composition: Soma Compound – 200 mg. Soma (carisoprodol), 160 mg. phenacetin, 32 mg. caffeine; Soma Compound + Codeine—same as Soma Compound plus ¼ gr. codeine phosphate. Dosage: For either form, 1 or 2 tablets q.i.d. Supplied: Soma Compound—apricot-colored, scored tablets; Soma Compound + Codeine—white, lozenge-shaped tablets; each form in bottles of 50 tablets.

Literature and samples of Soma Compound available on request.

WALLACE LABORATORIES
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New for more severe pain

soma Compound codeine

BOOSTS THE EFFECTIVENESS OF CODEINE: Soma Compound boosts the effectiveness of codeine. Therefore, only ¼ gr. of codeine phosphate is supplied to relieve the more severe pain that usually requires ½ gr.

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DIABOLICAL DERMATOSES

FIENDISH infected poison ivy or other rhus dermatitis DEVILISH infected allergic or contact dermatoses TORTUROUS pyodermas

RATIONALLY RESOLVED by well-tolerated, anti-inflammatory, anti-allergic, anti-infective

TERRA-CORTRIL TOPICAL OINTMENT

"Diabolical dermatoses" are no fun (really)...and can have prolonged, unpleasant consequences. That's why a rational therapeutic approach is so important. By combating both the inflammatory and the infectious aspects of common dermatoses, Terra-Cortril Topical Ointment provides a highly effective and clinically proved therapy. Salient information on Terra-Cortril is summarized below:

IN BRIEF: TERRA-CORTRIL Topical Ointment unites the potent anti-infiammatory action of hydrocortisone (Cortril®) with the broad-spectrum anti-infective control of oxytetracycline (Terramycin®), for rapid relief of symptoms and resolution of lesions in primary skin infections; in contact and other allergic dermatoses, the antibiotic controls secondary infectious complications. Unusually well tolerated, TERRA-CORTRIL makes possible the successful treatment of a wider range of skin conditions with a single medication.

INDICATIONS: Pyodermas, allergic dermatoses, neurodermatitis, wounds, minor burns, and other inflammatory skin conditions with superimposed infections. Supplemental oral antibacterial therapy is advisable in the treatment of severe infections or those which may become systemic.

ADMINISTRATION AND DOSAGE: After thorough cleansing of affected skin areas, a small amount of ointment should be applied gently. Repeat up to four times daily. When actual infection is present, apply on sterile gauze for continuous contact with affected area. Therapy should not be discontinued too soon after initial response has been obtained.

SIDE EFFECTS: Few instances of hypersensitivity to topically applied hydrocortisone have been reported. Allergic reactions to Terramycin are infrequent. TERRA-CORTRIL Topical Ointment should be discontinued if such reactions occur and are severe.

PRECAUTIONS AND CONTRAINDICA-TIONS: Broad-spectrum antibiotics may cause overgrowth of nohausceptible organisms, e.g., monilia, resistant staphylococci. If this occurs, discontinue 'the medication and take appropriate countermeasures. With the exception of herges simplex and second-degree burns, there are few dermatologic contraindications to topical use of hydrocortisone.

SUPPLIED: In 1/6-oz. (5.0 Gm.) and 1/2-oz. (14.2 Gm.) tubes, containing 3% oxytetracycline (Terramycin®) hydrochloride and 1% hydrocortisone (Cortril®) alcohol in each gram of petrolatum base.

ALSO AVAILABLE: TERRA-CORTRIL Eye/ Ear Suspension — 5 cc. dropper bottle. More detailed professional information available on request.

PFIZER LABORATORIES NEW YORK 17, No Yo DIVISION CHAS. PFIZER & CO., INC.

VERGO ... an ethical product for the painless treatment of warts

Samples on Request

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1 child in 10

... born each year, may some day be a mental patient! UNLESS... we have more resear

we have more research, clinics, and psychiatrists to cut this terrible toll!



Give! Mental Health Campaign

...Your insurance

so that the bills come at roughly ten-week intervals.

Here's a final money-saving tip for those who have to pay their life insurance premiums monthly: Get a "pre-authorized check plan." Offered by most insurance companies, the plan permits your insurer to draw directly on your checking account for each monthly premium as it comes due. The advantage: When you pay this way, insurance companies discount their standard monthly premiums by 3 to 6 per cent. This can bring your yearly premium outlay down to the figure some companies would charge you for once-a-year payment on the same coverage. END

1961

Medical Economics

Awards

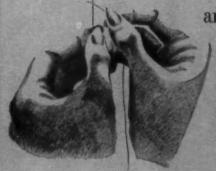
Settle down now to write that article you've thought of so many times—the one that will help your fellow physicians grasp an economic truth, avoid a fiscal mistake, run a better office, or get more genuine satisfaction out of practicing medicine. You can receive up to \$500 for your article. Send your entry, postmarked on or before August 31, 1961, to: Awards Editor, MEDICAL ECONOMICS, Oradell, N. J.

Medical Economics, July 17, 1961

Hamilani et al. Metalogia et al. Metalog

relieves anxiety and tension relaxes muscles

predictably, specifically, and with great safety



With EQUANIL, you induce relaxation of mind and muscle with little risk of side effects. You can be confident that you are not subjecting your patient to the hazard of undue sedation, ataxia, extrapyramidal symptoms, or cumulative effects.

Five years of worldwide use, millions of patients, and hundreds upon hundreds of published reports have conclusively established the specificity and enviable record of safety of EQUANIL.

Although infrequent, adverse reactions to many modern drugs may occur. For further information on limitations, administration, and prescribing of EQUANIL, see descriptive literature or current Direction Circular.

Wyeth Laboratories Philadelphia 1, Pa.

when severe pain

intensifies

skeleral muscle spasm

ease both

'pain & spasm'





Robaxis

Conditions which trigger skeletal muscle spasm often are painful in themselves. A relaxant drug may relieve the spasm, but the primary pain persists. In such cases, a dual-acting relaxant-analgesic is necessary to overcome the two-headed dragon of pain-and-spasm.

ROBAXISAL and ROBAXISAL-PH offer such a combination. These formulations combine the dependable skeletal muscle relaxant action of Robaxin and the pain-tested analgesic action of aspirin or Phenaphen.



For painful skeletal muscle spasm ...

Robaxisal

When anxiety is associated with painful skeletal muscle spasm ...

Robaxisal-PH

(Robaxin with Phenaphen)

Each ROBAXISAL-PH Tablet contains.

ROBAXIN (methocarbamol Robins)

Supply: Bottles of 100 and 500 green-and-white laminated tablets.

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PROMPTLY ANSWERS THE CALL for relief of nausea and vomiting

EMETROL

Make your first thought EMETROL - whenever an antiemetic is indicated, as in acute infectious gastroenteritis or intestinal "flu," and in the prevention or treatment of nausea due to drug therapy or motion

EMETROL quickly controls most cases of functional nausea and vomiting without risk of untoward effects or masking of serious organic pathology

Supplied: Bottles of 3 fl.oz. and 16 fl.oz through all pharmacies.

in clinical use for 10 years ... not a single report of side effects



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Medical Economics, July 17, 1961

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the first complete physiologic regulator of female cyclic function

ENOVID

The basic action

Enovid closely mimics the balanced progestational-estrogenic action of the corpus luteum. Enovio induces a physiologic state which simulates early pregnancy-except that there is no placenta or fetus. As in pregnancy, the production or release of pituitary gonadotropin is inhibited and ovulation is suspended: a pseudodecidual endometrium is induced and maintained. During Enovid therapy, certain symptoms typical of normal pregnancy may be noted in some patients. such as nausea-which is usually mild and disappears spontaneously within a few days-breast engorgement, some degree of fluid retention, and often a marked sense of well-being. There is no androgenicity. Enovid is as safe as the normal state of pregnancy.

The basic applications

1. Correction of menstrual dysfunction. Cyclic therapy with ENOVID controls dysfunctional uterine bleeding and often establishes a normal menstrual cycle in amenorrhea.

2. Ovulation suppression (to suspend fertility). For this purpose Enovid is administered cyclically, be-

ginning on day 5 through day 24 (20 daily doses). The ovary remains in a state of physiologic rest and there is no impairment of subsequent fertility.

3. Postponement of the menses for reasons of health (impending surgery, during treatment of Bartholin's gland cysts, acute urethritis, rectal abscess, vaginitis), travel, forthcoming marriage, or pressing business or professional engagements.

4. Threatened abortion. Continuous Enovid treatment provides balanced support for the endometrium in threatened or habitual abortion.

5. Endocrine infertility. ENOVID has been used successfully in cyclic therapy of endocrine infertility, promoting subsequent pregnancy through a probable "rebound" phenomenon.

Endometriosis. Continuous therapy with ENOVID corrects endometriosis by producing a pseudodecidual reaction with subsequent absorption of aberrant endometrial tissue.

The basic dosage

Basic dosage of ENOVID is 5 mg. daily in cyclic therapy, beginning on day 5 through day 24 (20 daily doses). Higher doses may be used with complete safety to prevent or control occasional "spotting" during ENOVID therapy, or for rapid effect in emergency treatment of dysfunctional bleeding and threatened abortion. ENOVID is available in tablets of 5 mg. and 10 mg. Literature and references, covering over five years of intensive clinical study, available on request.

.. unfettered

From the beginning, woman has been a vassal to the temporal demands—and frequently the aberrations—of the cyclic mechanism of her reproductive system. Now, to a degree heretofore unknown, she is permitted normalization, enhancement, or suspension of cyclic function and procreative potential. This new physiologic control is symbolized in an illustration borrowed from ancient Greek mythology—Andromeda freed from her chains.

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DELENAR loosens the rheumatic grip on muscles and joints by relaxing motion-stopping muscle spasm with a proved muscle relaxant. Then the specific analgesia of better-tolerated aluminum aspirin eases motion-stopping pain and helps put muscles back in action.

While immediate symptomatic relief restores motion, the underlying inflammation is reduced with a low-dosage corticosteroid.

Now you can restore comfortable motion safely, surely with DELENAR in rheumatoid arthritis/traumatic arthritis/early osteoarthritis/rheumatoid spondylitis/fibrositis/myositis/bursitis/tenosynovitis.

Formula:

Orphenadrine HCl 15 mg.
Proved muscle relaxant to relax spasm/
Aluminum Aspirin 375 mg.
Fast analgesic relief of motion-stopping pain/
Dexamethasone* 0.15 mg.
Low-dosage anti-inflammatory steroid/

For complete details, consult latest Schering literature available from your Schering Representative or Medical Services Department, Schering Corporation, Bloomfield, New Jersey.

Bibliography:

1. Ernst, E. M.: Pennsylvania M. J. 63:708 (May) 1960. 2. Settel, E.: Clin. Med. 7:1835 (Sept.) 1960.

loosen stiff muscles and joints

Delenar

the only corticosteroidanalgesic with specific muscle relaxant benefits

Schoring

Memo from the editors

Medical Economics, July 17, 1961

Objection overruled

At least once a month, someone says to us, "Don't publish that!"
—and then we go ahead and publish the article anyway.
Why?

Our answer will be clearer if we first indicate the type of article we're often asked not to publish. In April, it was "Doctors on Strike: a Case Study": in May, "It's Time to Stop Fee Gouging by Claims Attorneys!"; in June, "Does the A.M.A. Heed Your Views?": in July (this issue), "They're Turning In Unethical Doctors." Two articles to be published later this summer-"What's Gone Wrong With the Blue Plans?" and "Medical Teamwork or Malpractice?"-are drawing vigorous objections right now.

Where do such objections come from, and why? From the people principally concerned, as a rule. Often they're involved in newsworthy developments that they don't regard as "good publicity" for themselves or their institutions. Often they generate a lot of pressure.

Resisting such pressure is one of our hardest jobs—but resist we must. For our primary aim is to help and inform all 178,000 of our physician-readers. Sometimes this means putting their collective interests above those of any individual.

We don't do this willfully or without notice. Advance type-scripts go out to the interested parties. And whenever someone says "Don't publish that!" we take the objection seriously. We re-research the article if the facts are in dispute. We ask ourselves once more: "Will this article serve some useful purpose for the profession at large?"

If it will, we proceed with publication of the article. We don't enjoy embarrassing people, especially if they're good friends. But only if we print facts as we find them can we fulfill the true purpose of an independent professional magazine.

That purpose, as we see it, is to stimulate constructive action. And who'd be stimulated if the truth were varnished or if the facts were ignored? END

Take an "inside look" at a remarkable advance in topical steroid therapy

Veriderm Medrol consists of Veriderm, a base closely approximating the composition of normal skin lipids, and Medrol, highly effective corticoid.

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Topical use of Veriderm Medrol Acetate produces symptomatic relief and objective improvement of dermatoses, and at the same time aids in correcting dry skin conditions. Veriderm Medrol Acetate, less greasy than an ointment, less drying than a lotion, is indicated in atopic, contact, or seborrheic dermatitis; neurodermatitis; anogenital pruritus; allergic dermatoses.

anogenital pruritus; allergic dermatoses.

Available in four formulations: Veriderm Medrol Acctate 0.25% — Each gram contains: Medrol furthylprednisological 0.25% — Each gram contains: Medrol furthylprednisological 2.5 mg., Methylparaben 4 mg.; Butyl-phydroxybender or a she high base composed of saturated and contains of the state of the sta

These preparations are usually well tolerated. However, if signs of irritation or sensitivity should develop, application should be discontinued. If Bacterial infection should bed good during the course of therapy, appropriate local or systemic antibiotic therapy should be instituted.

Supplied in 5 Gm, and 20 Gm, tubes.

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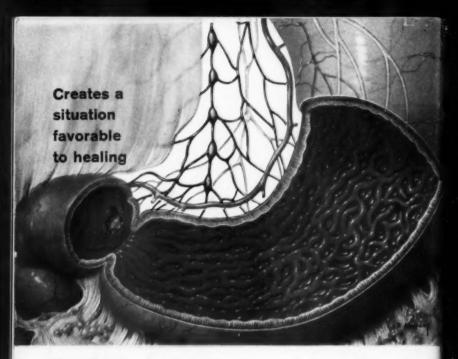
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The Upjohn Company, Kalamazoo, Michigan





In ulcer: 'Combid' Spansule capsules provide emotional as well as physical control. 'Combid' reduces secretion, spasm and nausea—as well as anxiety, tension and apprehension—for 10 to 12 hours after just one capsule. A convenient q12h regimen provides 24-hour, continuous control; creates a situation favorable to healing.

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Combid[®] Spansule[®]

brand of sustained release capsules

*Combid' Spanule capsules are a logical combination of 5 mg, of Darbid® (brand of isopropamide) as the iodide, a unique, inherently long-acting anticholinergic, and 10 mg. of Compazine® (brand of prochlorperazine) as the dimaleate, the outstanding tranquilizer/antiemetic, in <u>sustained</u> release form.

Among the many conditions in which 'Combid' Spansule capsules are indicated are: peptic uleer, hyperchlorhydria, pyloroduodenal irritability, irritable or spastic colon, gastric neurosis, gastriti, aerophagia, pyrosis, "nervous stomach," functional diarrhea, drug-induced diarrhea, mucous colitis, ulcerative colitis, genitourinary spasm, and nausea and vomiting of pregnancy.

DOSAGE: One 'Combid' Spansule capsule b.i.d. (every 12 hours). Some patients may require only one capsule every 24 hours, on arising. Only in the exceptional patient will it be necessary to increase the dosage to two capsules b.i.d. (morning and evening).

CAUTIONS AND CONTRAINDICATIONS: As is true with any preparation containing an anticholinergic, 'Combid' Spanule capsules should not be prescribed for patients with glaucoura, pyloric obstruction, or prostatic hypertrophy. Also, because of the antiemetic action of the 'Compazine' component (a phenothiazine derivative), 'Combid' Spanule capsules should not be used where nausea and vomiting are believed to be a manifestation of intestinal obstruction or brain tumor.

Clinical experience has demonstrated that 'Combid' has a wide margin of safety and that there is little likelihood of blood or liver toxicity or neuro-muscular reactions (extrapyramidal symptoms). The physician should be aware, however, of their possible occurrence. When 'Combid' is used with description of the propersion of the properties of an additive effect should be borne in mind. An occasional patient may experience mild drowsiness when first taking 'Combid'.

Prescribing information adopted January, 1961.

XUM